

Take charge of your health. We're here to help.

Aetna Advantage plans for individuals, families
and the self-employed

underwritten by Aetna Life Insurance Company (Aetna)

Texas



A guide to
understanding
your choices
and selecting a
quality health
insurance plan.

We want you to know[®]



Aetna makes it easy for a health insurance plan

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The Aetna Advantage Plans for individuals, families and the self-employed are underwritten or administered by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust.

In some states, Sole Proprietors may be eligible for Small Group Healthcare plans.

They say that nothing is more important than your health.

And they're right. That's what makes health insurance such an essential part of your life — even if you're not on an employer's group insurance plan. In fact, *especially* if you're not on a group plan, you've got to take charge of your health... and your health insurance needs.

At Aetna, we offer a variety of quality Advantage individual health insurance plans in Texas. Count on us to guide you through the process and help you choose the right plan for your personal needs.

Why Aetna?

When you choose Aetna as your health insurance provider, you're gaining a lot of advantages. Among them:

Easy to understand. Yes, insurance can be simple! We provide you with straightforward language and easy-to-understand benefits.

Easy to choose. We'll help you select from plans designed to fit your personal situation. Aetna's nationwide provider network offers you a vast selection of physicians and hospitals.

Easy to afford. Since we offer so many premium payment options, you can choose how much to spend in premiums versus out-of-pocket expenses.

Easy to manage. Use our easy-to-use Web-based tools to get valuable health and benefits-related information, quickly find Aetna network physicians in your area, and manage your account — right online!

More reasons to like Aetna

So why else should you choose an Aetna health insurance plan? Here are more good reasons:

- You can visit any doctor or hospital you choose. Your out-of-pocket costs will be lower in Aetna's network of participating physicians and hospitals.
- You can visit your doctor's office as often as you like.
- You don't need a doctor's referral to see a specialist.
- There's no waiting period to enjoy preventive care.
- Your children's immunizations are covered.
- Well-woman exams do not apply to your deductible.

Have questions?

Just e-mail
AetnaAdvantagePlans@aetna.com
or call 1-800-MY-Health
(1-800-694-3258). We're here to help!

Want a quote now?

Visit www.aetnaindividual.com or call
1-800-MY-Health (1-800-694-3258).

you to choose



How to use this booklet

When we say we're going to make health insurance easy for you, we mean it. Here are the steps you might want to take as you read this booklet:

1. Review the descriptions of all Aetna's Advantage plans in Texas, on page 3.
2. Get some tips on plans that may best match up with your situation and priorities, on page 4.
3. Review each plan's specific features in the charts beginning on page 6.
4. If you have questions, would like to discuss your own unique situation, or want a rate quote, just e-mail us at AetnaAdvantagePlans@Aetna.com or call 1-800-694-3258.

It's easy to get a quote and apply

Once you've narrowed down to a plan (or plans), we make it easy to get a quote and apply for a policy, either online or by mail.

Online:

1. Visit www.aetnaindividual.com.
2. Choose your state.
3. Use the helpful information and tools to choose the best plan for you.
4. Click "Get A Quote."
5. Apply online and submit an electronic form of payment. (Or mail the enclosed application with one form of payment selected.)
6. Track the status of your application by clicking the site's Apps tab.

By Mail:

Simply complete and mail the enclosed application, in the envelope provided, with one form of payment selected.

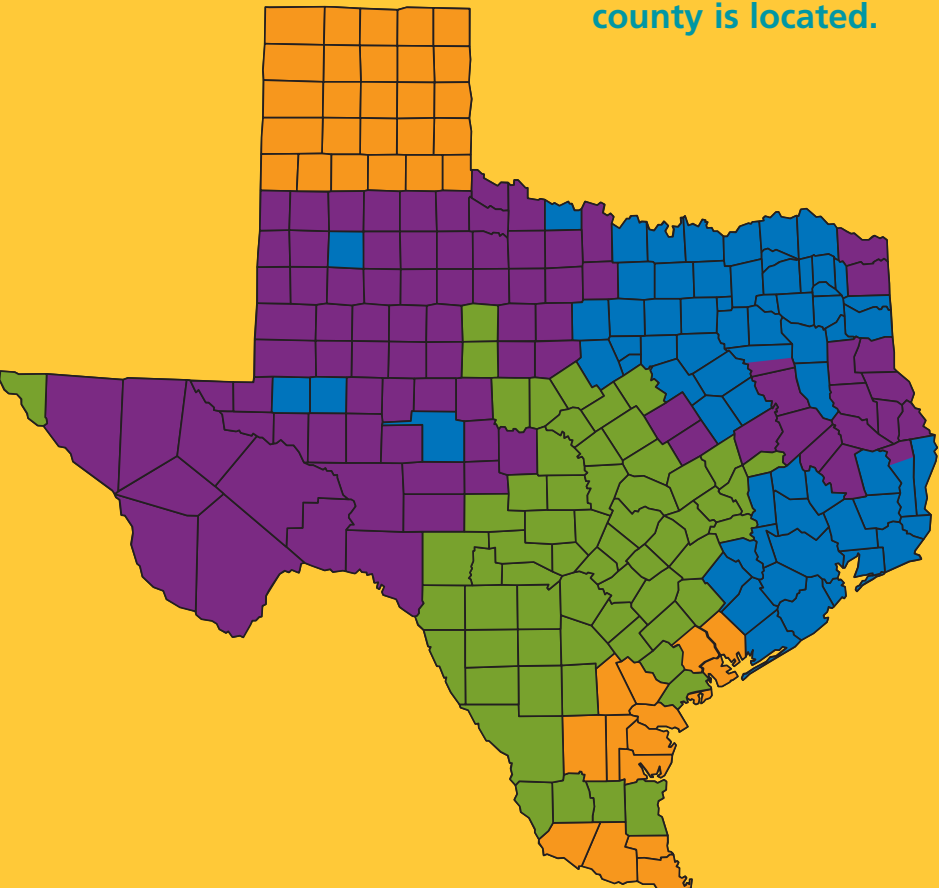
Want a quote now?

Visit www.aetnaindividual.com or call 1-800-MY-Health (1-800-694-3258).



Aetna's Texas service areas*

Here are the Texas counties where Aetna Advantage Plans for Individuals are offered. Your rates will depend on the area in which your county is located.



*Networks may not be available in all ZIP codes and are subject to change.

AREA 1

Aransas	Gray	Ochiltree
Armstrong	Hall	Oldham
Bee	Hansford	Parmer
Briscoe	Hartley	Potter
Calhoun	Hemphill	Randall
Cameron	Hidalgo	Roberts
Carson	Hutchinson	San Patricio
Castro	Jackson	Sherman
Childress	Jim Wells	Starr
Collingsworth	Kleberg	Swisher
Dallam	Lipscomb	Victoria
Deaf Smith	Live Oak	Wheeler
Donley	Moore	Willacy
Duval	Nueces	

AREA 2

Anderson	Hale	Panola
Andrews	Hardeman	Pecos
Angelina	Haskell	Polk
Archer	Henderson	Presidio
Bailey	(other than Mabank)	Reagan
Baylor	Mabank	Reeves
Borden	Hockley	Runnels
Bowie	Houston	Rusk
Brewster	Howard	Sabine
Callahan	Hudspeth	San Augustine
Cass	Irion	Schleicher
Clay	Jack	Scurry
Cochran	Jasper	Shackelford
Coke	(Brookeland)	Shelby
Concho	Jeff Davis	Stephens
Cottle	Kent	Sterling
Crane	King	Stonewall
Crockett	Knox	Sutton
Crosby	Lamb	Terrell
Culberson	Leon	Terry
Dawson	Limestone	Throckmorton
Dickens	Loving	Trinity
Eastland	Lynn	Upton
Falls	Martin	Val Verde
Fisher	Mcculloch	Ward
Floyd	Menard	Wilbarger
Foard	Mitchell	Winkler
Gaines	Motley	Yoakum
Garza	Nacogdoches	Young
Glasscock	Nolan	

AREA 3

Austin	Harris	Newton
Brazoria	Harrison	Orange
Camp	Henderson	Palo Pinto
Chambers	(Mabank)	Parker
Cherokee	Hill	Rains
Collin	Hood	Red River
Colorado	Hopkins	Rockwall
Cooke	Hunt	San Jacinto
Dallas	Jasper	Smith
Delta	(other than Brookeland)	Somervell
Denton	Jefferson	Tarrant
Ector	Johnson	Titus
Ellis	Kaufman	Tom Green
Erath	Lamar	Tyler
Fannin	Liberty	Upshur
Fort Bend	Lubbock	Van Zandt
Franklin	Marion	Walker
Freestone	Matagorda	Waller
Galveston	Mclennan	Wharton
Grayson	Midland	Wichita
Gregg	Montague	Wise
Grimes	Montgomery	Wood
Hardin	Morris	
	Navarro	

AREA 4

Atascosa	Fayette	Madison
Bandera	Frio	Mason
Bastrop	Gillespie	Maverick
Bell	Goliad	Mcmullen
Bexar	Gonzales	Medina
Blanco	Guadalupe	Milam
Bosque	Hamilton	Mills
Brazos	Hays	Real
Brooks	Jim Hogg	Refugio
Brown	Jones	Robertson
Burleson	Karnes	San Saba
Burnet	Kendall	Taylor
Caldwell	Kenedy	Travis
Coleman	Kerr	Uvalde
Comal	Kimble	Washington
Comanche	Kinney	Webb
Coryell	La Salle	Williamson
De Witt	Lampasas	Wilson
Dimmit	Lavaca	Zapata
Edwards	Lee	Zavala
El Paso	Llano	

Here are your Aetna Advantage plan choices

Here are Aetna's Advantage health insurance plan choices in Texas. For specifics on these plans, see the charts beginning on page 6:

Preferred Provider Benefits Plan (PPO)

- Visit any doctor or hospital you choose. (Your out-of-pocket costs will be lower if you select a provider from Aetna's wide network of participating physicians and hospitals.)
- No claim forms to fill out when you visit a network provider.
- No referrals required to see a specialist.

High-Deductible Preferred Provider Benefits Plan (PPO) (HSA-Compatible)

- Low monthly premiums, high annual deductibles (at least \$3,000 for individuals and \$6,000 for families).
- Can be paired with a tax-advantaged Health Savings Account (see "About HSAs" on this page).

Preventative and Hospital Care

- Low monthly premiums.
- Coverage for: inpatient hospital care, outpatient surgery, skilled nursing or home health care in lieu of a hospital stay.
- Coverage for preventive care, including annual GYN exams, well-child care and physical exams every 24 months.

Participating Dental Network (PDN) Max Plan

With the Aetna Advantage Dental PDN Max insurance plan, you can obtain services from either a participating or non-participating dentist. Participating dentists have agreed to provide services at a negotiated rate for both covered services, **as well as non-covered services such as cosmetic tooth whitening and orthodontic care**, so you generally pay less out-of-pocket. You also have the flexibility to visit a dentist who does not participate in Aetna's network, though you will not benefit from negotiated fees.

Want to cover your children only?

All Aetna Advantage plans in Texas are available for child only, which means you can enroll your child even if no other family member enrolls. Coverage includes immunizations, well-child visits, emergency room and dental preventive services (if dental is selected). Note that if one of the HSA plans is selected for child only enrollment, an HSA account is not available for the child.

About HSAs...

A Health Savings Account, or HSA, is a personal account that lets you pay for qualified medical expenses with tax-advantaged funds. You or an eligible family member make contributions to your HSA tax-free, and those dollars earn interest tax-free. Then, when you make withdrawals from your account to pay for qualified health care expenses, they're tax-free, too.

To establish a Health Savings Account...

First enroll in an Aetna HSA-compatible High Deductible Health Plan. Then request HSA enrollment materials by calling 1-800-694-3258 or visiting www.aetnaindividualhsa.com to view and download the materials. There are no setup or monthly fees for your HSA.



How to select a health insurance plan that fits your needs

Perhaps you've just left an employer's group plan. Or you're looking for an option other than COBRA. Or you're not currently insured. Or maybe you've just received another big rate increase from another insurer and you're looking for something more affordable.

Whatever your situation, at Aetna, we're here to help. Let us offer a few tips to help you choose the right plan for your unique situation and priorities. This chart may be a good starting point for you...



IF YOU...

CONSIDER...

Are looking for an affordable policy with low monthly payments...

PPO* 5000, PPO High Deductible 5000, Preventative and Hospital Care 1250 or 3000

Use only basic health care services and want to keep your monthly payments low...

PPO 5000, Preventative and Hospital Care 1250 or 3000

Don't want to pay a lot for frequent doctor visits for you and the kids...

PPO 500, PPO 1000, PPO 1500

Want a balance of low monthly payments and quality coverage...

PPO 1000, PPO 2500

Want to cap the amount you'll spend on total medical expenses each year...

PPO 500, PPO 1500

Want a plan that works with a tax-advantaged Health Savings Account (see page 3 for an explanation of HSAs)...

PPO High Deductible 3000 or 5000, or Preventative and Hospital Care 3000

Think that robust coverage is more important than the lowest possible cost...

PPO 500, PPO 1000

Want to add dental coverage to your plan...

Dental PPO Max

*Preferred Provider Benefit Plan





Is your doctor in the Aetna network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the Aetna Advantage Plan network? Visit www.aetna.com/docfind/custom/advplans. Or call 1-800-694-3258 and ask for a directory of providers.

A few things to keep in mind

- Generally speaking, the lower your “premiums,” or monthly payments, the higher your “deductible,” which is the amount you pay out of pocket before the plan begins paying for expenses. (Lower premiums also mean a higher “copay,” which is the amount you pay out-of-pocket at doctor visits, hospital stays, etc.)
- The lower your deductible (some plans have no deductible at all, which means they begin paying immediately), the higher your monthly premiums will be.
- You’ll pay less by using “in-network” doctors, hospitals, pharmacies and other health care providers who participate in Aetna’s vast nationwide network than by using “out-of-network” doctors.
- Visit www.planforyourhealth.com for an in-depth list of terms in this brochure and what they mean.

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	Preferred Provider Benefits Plan (PPO) 500		Preferred Provider Benefits Plan (PPO) 1000		Preferred Provider Benefits Plan (PPO) 1500	
MEMBER BENEFITS	In-Network	Out-of-Network+	In-Network	Out-of-Network+	In-Network	Out-of-Network+
Deductible						
Individual	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000
Family	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000
Member Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum						
Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Out-of-Pocket Maximum						
Individual	\$2,000	\$2,500	\$2,500	\$3,500	\$3,000	\$4,500
Family	\$4,000	\$5,000	\$5,000	\$7,000	\$6,000	\$9,000
Lifetime Maximum* per insured	\$5,000,000 per member lifetime		\$5,000,000 per member lifetime		\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 Copay not subject to deductible	30% after deductible	\$20 Copay not subject to deductible	30% after deductible	\$25 Copay not subject to deductible	30% after deductible
Specialist Visit**	\$25 Copay not subject to deductible	30% after deductible	\$30 Copay not subject to deductible	30% after deductible	\$35 Copay not subject to deductible	30% after deductible
Hospital Admission**	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible		\$100 Copay (waived if admitted) coinsurance 20%		\$100 Copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	30% after deductible	No Copay not subject to deductible	30% after deductible	No Copay not subject to deductible	30% after deductible
Preventive Health (Annual Physical++) (\$200 per calendar year*)	\$25 Copay not subject to deductible	30% after deductible	\$20 Copay not subject to deductible	30% after deductible	\$25 Copay not subject to deductible	30% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY BENEFITS						
Pharmacy Deductible per Individual (does not apply to generic)*	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 Copay not subject to deductible	\$15 Copay plus 30% not subject to deductible	\$15 copay not subject to deductible	\$15 copay plus 30% not subject to deductible	\$15 Copay not subject to deductible	\$15 Copay plus 30% not subject to deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible	\$25/\$40 Copay after deductible	\$25/\$40 copay plus 30% after deductible	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	Preferred Provider Benefits Plan (PPO) 2500		Preferred Provider Benefits Plan (PPO) 5000	
	In-Network	Out-of-Network+	In-Network	Out-of-Network+
MEMBER BENEFITS				
Deductible				
Individual	\$2,500	\$5,000	\$5,000	\$10,000
Family	\$5,000	\$10,000	\$10,000	\$20,000
Member Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$2,500	\$2,500	\$2,500	\$2,500
Family	\$5,000	\$5,000	\$5,000	\$5,000
Out-of-Pocket Maximum				
Individual	\$5,000	\$7,500	\$7,500	\$12,500
Family	\$10,000	\$15,000	\$15,000	\$25,000
Lifetime Maximum* per insured	\$5,000,000 per member lifetime		\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 Copay not subject to deductible	30% after deductible	\$40 Copay not subject to deductible	30% after deductible
Specialist Visit**	\$40 Copay not subject to deductible	30% after deductible	\$50 Copay not subject to deductible	30% after deductible
Hospital Admission**	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible		\$100 Copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	30% after deductible	No Copay not subject to deductible	30% after deductible
Preventive Health (Annual Physical++) (\$200 per calendar year*)	\$30 Copay not subject to deductible	30% after deductible	\$40 Copay not subject to deductible	30% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY BENEFITS				
Pharmacy Deductible per Individual (does not apply to generic)*	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 Copay not subject to deductible	\$15 Copay plus 30% not subject to deductible	\$15 Copay not subject to deductible	\$15 Copay plus 30% not subject to deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000	\$5,000	\$5,000

* Maximum applies to combined in and out-of-network benefits.

** Maternity and pregnancy related expenses are not covered, except for complications of pregnancy.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

++ No deductible, copayment or coinsurance applies to eligible dependent children to age 18 for childhood immunizations.

A summary of exclusions is listed on page 13. For a full list of benefit coverage and exclusions refer to the plan documents.

TEXAS AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	Preferred Provider Benefits Plan (PPO) High Deductible 3000 (HSA Compatible)		Preferred Provider Benefits Plan (PPO) High Deductible 5000 (HSA Compatible)	
	In-Network	Out-of-Network+	In-Network	Out-of-Network+
Deductible				
Individual	\$3,000	\$6,000	\$5,000	\$10,000
Family	\$6,000	\$12,000	\$10,000	\$20,000
Coinsurance (Member's Responsibility)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$0	\$6,500	\$0	\$2,500
Family	\$0	\$13,000	\$0	\$5,000
Out of Pocket Maximum**				
Individual	\$3,000	\$12,500	\$5,000	\$12,500
Family	\$6,000	\$25,000	\$10,000	\$25,000
Lifetime Maximum * per insured	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Specialist Visit	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Room	0% after deductible		0% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual*) (\$ 200 max. benefit)	\$20 Copay not subject to deductible	50% after deductible	\$25 Copay not subject to deductible	30% after deductible
Lab/X-Ray	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (\$25 Max-24 visits per calendar year*)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Home Health Care(In lieu of Hospital) (30 visits per calendar year*)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year *)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
PHARMACY				
Pharmacy Deductible per Individual (does not apply to generic)*	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible
Generic (Oral Contraceptives Included)	0% after Medical/Rx deductible	30% after Medical/Rx deductible	0% after Medical/Rx deductible	30% after Medical/Rx deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	0% after Medical/Rx deductible	30% after Medical/Rx deductible	0% after Medical/Rx deductible	30% after Medical/Rx deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000	\$5,000	\$5,000

TEXAS AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	Preventative and Hospital Care 1250		Preventative and Hospital Care 3000 (HSA-Compatible)	
	In-Network	Out-of-Network+	In-Network	Out-of-Network+
Deductible				
Individual	\$1,250	\$2,500	\$3,000	\$6,000
Family	\$2,500	\$5,000	\$6,000	\$12,000
Member Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$2,500	\$5,000	\$2,000	\$4,000
Family	\$5,000	\$10,000	\$4,000	\$8,000
Out-of-Pocket Maximum				
Individual	\$3,750	\$7,500	\$5,000	\$10,000
Family	\$7,500	\$15,000	\$10,000	\$20,000
Lifetime Maximum * per insured	\$5,000,000		\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	Not Covered	Not Covered	Not Covered	Not Covered
Specialist Visit	Not Covered	Not Covered	Not Covered	Not Covered
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$100 copay (waived if admitted) 20% after deductible		\$100 copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay not subject to deductible	50% after deductible	\$0 Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Physical – every 24 months*) (\$200 per exam)	\$25 copay not subject to deductible	50% after deductible	\$35 copay not subject to deductible	50% after deductible
Lab/X-Ray	Not Covered	Not Covered	Not Covered	Not Covered
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	Not Covered	Not Covered	Not Covered	Not Covered
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year*)	Not Covered Except for Diabetic Supplies		Not Covered Except for Diabetic Supplies	
PHARMACY				
Pharmacy Deductible per Individual (does not apply to generic)*	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Generic (Oral Contraceptives Included)	Not Covered**	Not Covered**	Not Covered**	Not Covered**
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	Not Covered**	Not Covered**	Not Covered**	Not Covered**
Calendar Year Maximum per Individual*	Not Covered**	Not Covered**	Not Covered**	Not Covered**

* Maximum applies to combined in and out-of-network benefits.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

++ No deductible, copayment or coinsurance applies to eligible dependent children to age 18 for childhood immunizations.

A summary of exclusions is listed on page 13. For a full list of benefit coverage and exclusions refer to the plan documents.

INDIVIDUAL DENTAL PDN MAX PLAN

MEMBER BENEFITS	PREFERRED	NONPREFERRED
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family maximum	\$25; \$75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% deductible waived	100% deductible waived
Comprehensive oral exam	100% deductible waived	100% deductible waived
Problem-focused oral exam	100% deductible waived	100% deductible waived
X-rays		
Bitewing — single film	100% deductible waived	100% deductible waived
Complete series	100% deductible waived	100% deductible waived
PREVENTATIVE SERVICES		
Adult cleaning	100% deductible waived	100% deductible waived
Child cleaning	100% deductible waived	100% deductible waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% deductible waived	100% deductible waived
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after deductible	100% after deductible
Resin fillings — 2 surfaces	Discount	Not covered
Oral Surgery		
Extraction — exposed root or erupted tooth	Discount	Not covered
Extraction of impacted tooth — soft tissue	Discount	Not covered
MAJOR SERVICES		
Complete upper denture	Discount	Not covered
Partial upper denture (resin based)	Discount	Not covered
Crown — Porcelain with noble metal	Discount	Not covered
Pontic — Porcelain with noble metal	Discount	Not covered
Inlay — Metallic (3 or more surfaces)	Discount	Not covered
Oral Surgery		
Removal of impacted tooth — partially bony	Discount	Not covered
Endodontic Services		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
Periodontic Services		
Scaling & root planing — per quadrant	Discount	Not covered
Osseous surgery — per quadrant	Discount	Not covered
ORTHODONTIC SERVICES		
	Discount	Not covered

Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth whitening, at the PDN negotiated rate when visiting a participating PDN dentist at any time.

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area. Above list of covered services is representative. For a full list of benefit coverage and exclusions refer to the plan documents. All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

10 Services and supplies noted as available at a "discount" are not insurance. For these services, Aetna participating dentists have agreed to charge you a negotiated rate, which you pay directly to the dentist.

Aetna Advantage plan programs to help you be well

Aetna Advantage Plans include special programs¹ with a wealth of features to complement our standard health insurance coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. These programs are value added and are not insurance. Here are a few of the ways we can help you be well.

Fitness Program

With our Fitness program, eligible Aetna members and their families can enjoy preferred rates* on fitness club memberships at over 2,000 fitness clubs within the GlobalFit™ network. In addition, members can access other programs such as at-home weight loss programs, home fitness options and even one-on-one health coaching** services.

Aetna Weight ManagementSM Program

The Weight Management Program can help you achieve your weight loss goals by providing you with a sensible weight loss plan and balanced nutrition guide to fit your lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products. Start with a FREE 30-day trial membership²; then choose either a 6-month² or 12-month² program³ that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

Eyecare Savings

Aetna VisionSM Discounts*** program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

Hearing Discount Program

Aetna's HearingSM Discounts help Aetna members and their families save on hearing exams, hearing services and hearing aids.

Aetna Natural Products and ServicesSM program

Eligible Aetna members and their families can save on acupuncture, chiropractic care, massage therapy and dietetic counseling through the Aetna Natural Products and Services program. Members can also save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are provided by American Specialty Health Networks, Inc., a recognized leader in this market.

Informed Health® Line

Get answers 24/7 to your health questions via a toll-free hotline staffed by a team of registered nurses.

Aetna Rx Home Delivery®

With this optional program, order prescription medications through our convenient and easy-to-use mail order pharmacy. To learn more or obtain order forms, visit www.AetnaRxHomeDelivery.com.

Aetna Resource Connection

Aetna's Resource Connection provides our individual and self-employed clients with access to resources and discounts that can help them build a healthier business.



Whether it's purchasing office supplies, finding an effective payroll service or upgrading your IT systems, Aetna Resource Connection can help. Simply put, we're placing the power of a Fortune 100 company in the hands of each client we serve.

Aetna Navigator™

It's easy and convenient for Aetna members to manage their health benefits. Anytime – day or night – wherever they have Internet access, members can log in to Aetna Navigator, Aetna's secure member website. Members who register on the site can check the status of their claims, contact Aetna Member Services, estimate the costs of health care services, and much more!

For more information on any of these programs, please visit us online at www.aetna.com.

Want to save on dental expenses?

Vital Savings by Aetna® is a discount program that provides you with dental savings. This is not insurance. Enrolling in the program will give you access to a network of providers who have agreed to accept discounted rates for services. To sign up today, visit www.vitalsavings.com or call 1-877-698-4825.

Aetna Natural Products and ServicesSM program, Eyecare Savings, Fitness and similar discount programs are rate-access programs and may be in addition to any plan benefits. Discount and other similar health programs offered hereunder are not insurance, and program features are not guaranteed under the plan contract and may be discontinued at any time. Program providers are solely responsible for the products and services provided hereunder. Aetna does not endorse any vendor, product or service associated with these programs. It is not necessary to be a member of an Aetna plan to access the program participating providers.

¹ Availability varies by plan. Talk with your Aetna representative for details.

² Offers good at participating centers and through Jenny Direct at home only. Additional cost for all food purchases.

³ Additional weekly food discounts will grow throughout the year, based on active participation.

*At some clubs, participation in this program may be restricted to new club members.

**Provided by WellCall, Inc. through GlobalFit.

*** Formerly known as the Vision One® discount program.

Things you need to know to apply

To qualify for an Aetna Advantage Plan, you must be:

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4.)
- Under age 25 unmarried dependant children of the subscriber or enrolling spouse.
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least 6 continuous months.

Your premium payments

Your premium payments are guaranteed not to increase for 12 months from your effective date. After that, your premiums may change. Final rates are subject to underwriting review.

Your coverage

Your coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums
- Becoming a resident of a state or location in which Aetna Advantage plans are not available.
- Obtaining duplicate coverage
- For other reasons permissible by law

Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals may be federally eligible under the Health Insurance Portability Accountability ACT (HIPAA), through the Texas Comprehensive Health Insurance Pool (CHIP).

All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.

We offer various levels of coverage based on the known and predicted medical risk factors of each applicant.

Levels of coverage and enrollment

- You may be enrolled in your selected plan at the standard premium charge.
- *You may be enrolled in your selected plan at a higher rate, based on medical findings.*
- You may be declined coverage based on significant medical risk factors.

Duplicate coverage

If you are currently covered by another carrier, you must agree to discontinue the other coverage before or on the effective date of the Aetna Advantage Plan. Do not cancel your current insurance until you are notified that you have been accepted for coverage.

Pre-existing conditions

During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have creditable prior coverage.

A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within 6 months preceding the effective date of coverage.



All You Need to Know About Easy-Pay

Simple Automatic Payments via Electronic Funds Transfer (EFT)

Registration: Complete the payment section of the Aetna Advantage Plans application. Select the EFT option to approve the automatic withdrawal of your initial premium and all subsequent premium payments.

Invoices: You will not receive a paper invoice when you are enrolled in EFT. Payments will appear on your bank statement as "Aetna Autodebit Coverage."

Terminating: To terminate EFT, you will need to provide Aetna with 10 days written notice prior to the date your next EFT payment will be deducted. Without this written notice, your bank account may be debited for the next month's premium. You will then need to contact Aetna to have funds placed back in the checking account.

Refunds: To process an EFT refund (placing money back in member's checking account), Aetna will require at least 5 days after the withdrawal was made to ensure valid payment.

Rejected transactions: If the EFT payment rejects for any reason, Aetna will automatically terminate the EFT and send you a letter saying you will receive paper invoices. Processing time to reinstate EFT will be 30–60 days. If an EFT payment is rejected, you will need to pay that payment by paper check or credit card.

Timing: Payments for Cycle 1 accounts (1st of the month effective date) will be taken from your bank account between the 3rd and the 10th of the month the premium is due. Payments for Cycle 2 accounts (15th of the month effective date) will be taken from your bank account between the 18th and 23rd of the month the premium is due.

Texas limitations and exclusions



Medical

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

Aetna Preferred Provider Benefits Plan (PPO) where applicable

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

- 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 (unless the optional dental plan is purchased).
- Donor egg retrieval.
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial).
- Home births.
- Outpatient speech therapy except following surgery, injury or non-congenital organic disease.
- Immunizations for travel or work.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.

- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents.
- Medical expenses for a pre-existing condition are not covered for the first 365 days after the member's effective date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature on the application, then the pre-existing conditions exclusion of the plan will be waived.
- 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 or private duty nursing.
- Therapy or rehabilitation other than those listed as covered in the plan documents.
- Rehabilitation and detoxification services related to chemical dependency or substance abuse
- Weight control services including surgical procedures, medical treatments and other services and supplies primarily intended to control weight or treat obesity
- Maternity care and delivery charges

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 plan documents.

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance. *Negotiated rates for cosmetic procedures available when a participating dentist is accessed.*
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Replacement of lost or stolen appliances and certain damaged appliances.
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.
- All other limitations and exclusions in your plan documents.

10-day right to review

Do not cancel your current insurance until you are notified that you have been accepted for coverage.

We'll review your application to determine if you meet underwriting requirements. If you're denied, you'll be notified by mail. If you're approved, you'll be sent an Aetna Advantage Plan contract and ID card.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges) less the cost of any services paid on behalf of you or any covered dependent.

Glossary of terms

To help you understand your health care options, here are a few definitions of terms you'll see throughout this brochure. For a more in-depth list of terms, please visit www.planforyourhealth.com.*

Deductible – A fixed yearly dollar amount you pay before the benefits of the plan policy start.

Coinsurance – The dollar amount that you pay for covered benefits after the deductible is paid.

Copayment (Copay) – A fixed dollar amount that you must contribute toward the cost of covered medical services under a health plan.

Lifetime Maximum – The total dollar amount of benefits you may receive, or the limited number of particular services you may receive, over the term of the policy.

Premium – The amount charged, often in installments, for an insurance policy.

Out-of-Pocket Maximum – The amounts such as coinsurance and deductibles that an individual is required to contribute toward the cost of health services covered by the benefits plan.

*Plan For Your Health is a public education program from Aetna and the Financial Planning Association.

If you need this material translated into another language, please call Member Services at 1-866-565-1236.

Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Health insurance plans contain exclusions and limitations. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan features are subject to change. Aetna receives rebates from drug makers 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. Material subject to change.

The Vital Savings by Aetna® program (the "Program") is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156 is the Discount Medical Plan Organization.

For more information about Aetna plans, refer to www.aetna.com.

