

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



California 2–50 Plan guide



Like creating a painting, the key to creating the right health plan is unlocking the right combination of cost and coverage

Plans effective January 1, 2014
For businesses with 2–50 eligible employees

www.aetna.com

Unlocking the right health plan

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

We believe creating the right health plan means unlocking the right combination of these four options to meet a company's specific needs:

Benefits, Network, Cost sharing, Funding.

Experience matters

Unlocking the right combination isn't a matter of chance. It's a matter of collaboration. At Aetna, we take the time to listen and learn about your needs, share knowledge and provide tools to help achieve the right balance of cost and coverage.

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

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

Health benefits and health insurance, dental benefits/dental insurance, life insurance and disability insurance plans/policies are offered, underwritten or administered by Aetna Health of California Inc. and/or Aetna Life Insurance Company (Aetna). DMO plans are offered by Aetna Dental of California Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

Unlock the right combination

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

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Changes to your plan due to health care reform

Signed into law in March 2010, the Affordable Care Act is the most life-changing law since the passing of Medicare in the 1960s. The Affordable Care Act will shape new rules and guidance through 2014 and beyond. We are committed to following the new health care law and to helping you understand its impact.

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

Essential health benefits package

As of January 1, 2014, Aetna plans must offer standard coverage known as “essential health benefits.” This includes all plans inside and outside of the health insurance exchanges. These benefits provide your employees with essential health benefits, and limit cost-sharing.

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

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

Out-of-pocket (OOP) maximum mandate

Beginning in 2014, all cost sharing must apply toward the OOP maximum, including in-network medical, behavioral health and pharmacy cost-sharing. This does not include premiums, balance billing amounts of non-network providers or spending for non-covered services.

The out-of-pocket maximum must include:

- Copays
- Deductibles
- Coinsurance

Fees

These fees are included in your premium:

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

Guaranteed issue

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

- Group Health Plans/Insurance Coverage (insured only)
- Individual Health Insurance Coverage (including medical conversion)
- Pharmacy (insured only)
- Behavioral Health (insured only)*

Please note that guaranteed issue is not available for:

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

Waiting period

Plans may not have any waiting periods longer than 60 days. The maximum 60-day waiting period applies to fully insured and self-funded plans. We will update our policies and will work with employers that have waiting periods exceeding 60 days.

*Note: no standalone insured behavioral health.

Pediatric Dental/Vision

Pediatric Dental and Vision mandates are a separate essential health benefit category and are included with your medical benefits. Pediatric dental and vision is for children up to age 19.

Pediatric Dental

	CA Platinum MC Copay Plan CA Gold MC Copay Plan		CA Silver Coinsurance Plan CA Bronze MC Plan		CA Platinum HMO Copay Plan CA Gold HMO Copay Plan	CA Silver HMO Deductible Copay Plan
	Participating	Non-Participating	Participating	Non-Participating	Participating	Participating
Type A – Dental Check-Up (Preventive/Diagnostic)	0% deductible waived	30% deductible waived	0% after deductible	30% after deductible	0% deductible waived	0% after deductible
Type B – Dental Basic	20% after deductible	50% after deductible	50% after deductible	50% after deductible	20% after deductible	50% after deductible
Type C – Dental Major	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontic Treatment	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Dental Deductible	\$50 per individual		\$60 per individual		\$50 per individual	\$60 per individual
Dental Out-of-Pocket Maximum	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family

	MC/PPO Plans		MC HSA* Plans		Indemnity	HMO Plans
	Participating	Non-Participating	Participating	Non-Participating	No network	Participating
Type A – Dental Check-Up (Preventive/ Diagnostic)	0% deductible waived	30% deductible waived	0% after deductible	30% after deductible	0% deductible waived	0% deductible waived
Type B – Dental Basic	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	30% after deductible
Type C – Dental Major	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontic Treatment	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Dental Deductible	\$60 per individual		\$60 per individual		\$60 per individual	\$60 per individual
Dental Out-of-Pocket Maximum	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family

Pediatric Vision

	MC/PPO Plans		MC HSA* Plans		HMO Plans with no deductible	HMO Plans with deductible	Indemnity
	Participating	Non-Participating	Participating	Non-Participating	Participating	Participating	No network
Vision Exam (one exam per 12 months)	Copay	Not covered	0% Deductible waived	Not covered	Copay	Copay	0% deductible waived
Frames, Lenses or Contacts (per 12 months)	Preferred: 0% deductible waived Nonpreferred: 50% after deductible	Not covered	Preferred: 0% after deductible Nonpreferred: 50% after deductible	Not covered	Preferred: 0% Nonpreferred: 50%	Preferred: 0% deductible waived Nonpreferred: 50% after deductible	Preferred: 0% deductible waived Nonpreferred: 50% after deductible

*HSAs are currently not available to HMO members in California.

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

Unlocking the right plan for your business

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

Take a look at what's available.

Medical plans

- HMO plans (6 networks available)*
- MC plans (2 networks available)**
- HSA-compatible*** plans
- PPO/Indemnity plans

Plan levels

Our health benefits and insurance plans will now be assigned a metallic level. The level is based on how much of the total health care cost the plan pays, versus what members pay out of pocket. The levels are called bronze, silver, gold and platinum.

Health plan levels	Average amount the plan pays for covered services
Bronze	60%
Silver	70%
Gold	80%
Platinum	90%

Tools to help your employees stay healthy, informed and productive

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

- **Secure member website.** Your employees get self-service tools, plus health plan and health information through their Aetna Navigator® website. Think of it as the key that unlocks the full value of their health benefits package. Encourage them to sign up at www.aetna.com.
- **Member Payment EstimatorSM tool.** With an Aetna health plan, your employees can compare and estimate costs[†] for office visits, tests, surgeries and more. This means they can save money^{††} — and avoid surprises. This online tool factors in their deductible, coinsurance and copays, plus contracted rates. They can see how much they have to pay and how much the plan will pay. They can log in to their Aetna Navigator member website to use the tool.
- **Online provider directory.** Finding doctors, specialists, hospitals and more in the Aetna network is easy with our DocFind® directory. It's available at www.aetna.com and the Aetna Navigator member website.

*May not be available in all areas.
**MC network is not available in all areas.
***HSAs are currently not available to HMO members in CA.

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

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

Dental plans

- Dental – DMO®
- Dental – PPO
- Dental – Freedom-of-Choice plan design

Dental plan extras

There's extra value built into our dental portfolio:

- **Dental-medical integration.** Our program encourages preventive dental care among employees who have diabetes or heart disease, or who are pregnant. This can lead to more of your employees taking steps to stay healthy.
- **Dental discounts.** Aetna ValuePassSM, a MasterCard® prepaid card, is a flexible way to give employees access to our nationwide network of dental services at discounted rates. It guarantees savings that range from 15 to 50 percent off the average retail cost of dental services.* Offer it alongside your current dental plan, as a voluntary plan with no employer contribution, or as a replacement for your current dental benefit, through defined contribution.

Life plans

- Basic term life insurance

Life plan extras

- **Aetna Life EssentialsSM.** Through our program, your employees get access to expert advice on legal and financial matters — at no added cost.
- **Funeral planning and concierge service.** Through our collaboration with Everest, we offer our life members pre-planning and at-need services .

*Savings are based on average retail charges in the geographic area and Aetna's negotiated rates. Actual retail charges and discounts provided by Aetna ValuePass participating providers will vary.

The Aetna ValuePassSM program (the “program”) is NOT insurance. The program provides cardholders with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company (“Aetna”), 151 Farmington Avenue, Hartford, CT 06156, **1-888-215-6578**, with dental providers (the “Aetna ValuePass participating providers”) in the Aetna Dental Access® network. Aetna is the discount medical plan organization. Your card may be used at any dental provider, but you will only receive discounted fees at Aetna ValuePass participating providers. The range of discounts provided under the program will vary depending on the type of Aetna ValuePass participating provider and type of services received. The card provides payments directly to the providers accepting payments using the funds on your card. In order to receive a discount, you must use the card to pay for services or products furnished by the Aetna ValuePass participating providers.

www.aetnavaluepass.com.

Together, we'll unlock the right combination of benefits, network, cost-sharing and funding options for you and your employees.

About our benefits

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

About our network

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

About our cost sharing

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

Network options for healthy outcomes and lower costs

Our network solutions help lower your costs while providing employees with access to trusted doctors and hospitals. Your employees can still get care within the broad Aetna network. But they pay less out of pocket when they use doctors and hospitals in our tiered networks. The more they use health care providers in these networks, the more likely you are to see lower medical costs.

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

Cost-sharing and premiums for every budget

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

- Our fully insured portfolio, traditionally a mainstay for small businesses, provides plans with a range of robust coverage options.
- Our Defined Contribution offering combines an attractive benefits package with more predictable costs. As well as motivation for your employees to get more involved in their health care.
- Our consumer-directed health plans have long offered fully featured coverage, along with lower premiums and higher deductibles. Our research has found that members with Aetna HealthFund® plans have lower overall health care costs, receive more preventive care and use online tools more frequently than members with traditional plans.

We can help you unlock What's Your Healthy?SM

Unlock health and wellness

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

Wellness on us

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

Preventive care benefits with no copay

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

Health assessment and screening reward*

Members can earn \$50 in just a few simple steps. If the employee's spouse is covered under the plan, he or she is also eligible for the same incentive. So a family could earn up to \$100 incentive each year. Here's how:

- Complete or update their Snapshot® health assessment on Simple Steps or update their health assessment on Simple Steps To A Healthier Life®, and
- Complete a biometric screening

Wellness programs can make health and fitness part of everyday living

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

Women's preventive health benefits

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

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

We make things easy for you

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

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

*Incentive-based activity awards will only be given for completing select wellness programs as determined by the plan sponsor. Incentive rewards will be offered in the form of a gift card. This program is included at no additional cost on all plans.

Aetna Medical Overview

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

Health Reimbursement Arrangement (HRA)

The Aetna HealthFund® HRA combines the protection of a deductible-based health plan with a health fund that pays for eligible health care services. The member cannot contribute to the HRA, and you have control over HRA plan designs. The fund is available to an employee for qualified expenses on the plan's effective date.

Health Savings Accounts (HSA)*

No set-up or administrative fees

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

COBRA Administration

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

Section 125 Cafeteria Plans and Section 132 Transit Reimbursement Accounts

You can pay less in payroll taxes and employees can reduce their taxable income. There are three ways to save:

Premium Only Plans (POP)

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

Flexible Savings Account (FSA)

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

Transit Reimbursement Account (TRA)

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

Administrative Fees

Fee description	Fee	
HSA		
Initial set-up	\$0	
Monthly fees	\$0	
Premium Only Plan (POP)		
Initial set-up**	\$190	
Renewal	\$125	
Health Reimbursement Arrangement (HRA) and Flexible Spending Account (FSA)***		
	Initial set-up	Renewal fee
2–25 employees	\$360	\$235
26–50 employees	\$460	\$285
Monthly fees†	\$5.45 per participant	
Additional set-up fee for “stacked” plans (those electing an Aetna HRA and FSA simultaneously)	\$150	
Participation fee for “stacked” participants	\$10.45 per participant	
Minimum fees		
0–25 employees	\$25 per month minimum	
COBRA Services		
Annual fee		
20–50 employees	\$165	
Per employee per month		
20–50 Employees	\$0.95	
Initial notice fee	\$3.00 per notice (includes notices at time of implementation and during ongoing administration)	
Minimum fees		
20–50 Employees	\$25 per month minimum	
Transit Reimbursement Account (TRA)		
Annual fee	\$350	
Transit monthly fees	\$4.25 per participant	
Parking monthly fees	\$3.15 per participant	

*HSAs are currently not available to HMO members.

**Non-discrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$100 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. For FSA, the debit card is available for an additional \$1 per participant per month. Mailing reimbursement checks direct to employee homes is an additional \$1 per participant per month.

HRAs are subject to employer-defined use and forfeiture rules, and are unfunded liabilities of your employer. Fund balances are not vested benefits.

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

Medical Overview

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

Product Name	Product Description	PCP Required	Referrals Required	Network
Health Maintenance Organization (HMO)	Each family member selects a primary care physician (PCP) participating in our network. The PCP provides routine and preventive care and helps coordinate the member's total health care. The PCP refers members to participating specialists and facilities for medically necessary specialty care. Only services provided or referred by the PCP are covered except for emergency, urgently needed care or direct access benefits, unless approved by the HMO before receiving services.	Yes	Yes	HMO
Aetna HMO Deductible	Uses all services of the HMO with a unique subset of the HMO network with additional savings by applying a deductible for certain medical services.	Yes	Yes	HMO Deductible
Aetna Value NetworkSM HMO	All the services of the HMO provided by a unique subset of the full HMO network. Aetna Value Network plans offer the same benefits of the Aetna HMO plan, with premium savings when members access this select network of providers.	Yes	Yes	Aetna Value Network HMO
Basic HMO	All the services of the HMO provided by a unique subset of the full HMO network. Aetna Basic HMO plans offer the same benefits of the full HMO plans, with premium savings when members access this select network of providers.	Yes	Yes	Basic HMO
Vitalidad Mexico con AetnaSM	HMO plans that feature the Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA) provider network in Northern Mexico service area. San Diego county employees access health care services from participating providers in the Mexican cities of Tijuana, Tecate and Mexicali. Members choose a Mexico-based PCP. Only services provided or referred by their PCP, except for emergency or urgent care, are covered unless approved by the HMO in advance of receiving services.	Yes	Yes	Vitalidad HMO
Managed Choice[®] (MC)	Members can access any participating provider for covered services without a referral. Members have the freedom to choose network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs at any time. Members are able to receive emergency services at the in-network coinsurance/copay level.	No	No	Aetna Open Access [®] Managed Choice POS
Savings Plus	The Savings Plus network is a subset of the Managed Choice (MC) network in the Savings Plus Service areas. Members access the same types of coverage as other MC plans, but at a lower premium cost. All non-emergency services performed outside of the California Savings Plus network of doctors and hospitals will be paid at the out-of-network benefit level.	No	No	Savings Plus
PPO	Members can access any participating provider for covered services without a referral. When members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs. Members are able to receive emergency services at the in-network coinsurance/copay level.	No	No	Open Choice [®] PPO
Indemnity	Employees who live outside the plan's network service area are eligible. Members coordinate their own health care and may access any participating provider for covered services without a referral.	No	No	N/A

Plans available by network

Plan	HMO	AVN HMO	Basic HMO	HMO Deductible	MC	Savings Plus	PrimeCare
Platinum HMO Copay Plan*	•	—	—	—	—	—	—
Gold HMO 10	•	•	•	—	—	—	•
Gold HMO 20	•	•	•	—	—	—	—
Gold HMO 30	•	•	•	—	—	—	•
Gold HMO Copay Plan*	•	—	—	—	—	—	—
Silver HMO DED 1000	—	—	•	•	—	—	•
Silver HMO DED 1500	—	—	•	•	—	—	—
Silver HMO DED 2000	—	—	•	•	—	—	•
Silver HMO Deductible Copay Plan*	—	—	—	•	—	—	—
Bronze HMO DED 5500	—	—	•	•	—	—	•
Platinum Vitalidad HMO – SIMNSA network	—	—	—	—	—	—	—
Platinum MC Copay Plan*	—	—	—	—	•	—	—
Gold MC 500 80/50	—	—	—	—	•	•	—
Gold MC Copay Plan*	—	—	—	—	•	—	—
Silver MC 1000 75/50	—	—	—	—	•	•	—
Silver MC 1000 60/50	—	—	—	—	•	•	•
Silver MC 1500 60/50	—	—	—	—	•	•	•
Silver MC 2000 60/50	—	—	—	—	•	•	—
Silver MC Coinsurance Plan*	—	—	—	—	•	—	—
Bronze MC 3500 50/50	—	—	—	—	•	•	—
Bronze MC 4000 Copay Plan	—	—	—	—	•	•	—
Bronze MC 6350 100/50	—	—	—	—	•	•	•
Bronze MC Plan*	—	—	—	—	•	—	—
Bronze MC HSA 2500 50/50	—	—	—	—	•	•	—
Bronze MC HSA 3500 70/50	—	—	—	—	•	•	•
Bronze MC HSA 6300 100/50	—	—	—	—	•	•	•
Gold PPO 750 80/50 – Aetna PPO network	—	—	—	—	—	—	—

*Mandated coverage California exchange plan.

Networks available by rating area

County	Rating Area	PPO	Full MC	Savings Plus	PC MC	Full HMO	HMO Deduc/ Coins	AVN HMO	Basic HMO	PrimeCare HMO
Alpine	1	—	—	—	—	—	—	—	—	—
Amador	1	Y	P	—	—	—	—	—	—	—
Butte	1	—	—	—	—	—	—	—	—	—
Calaveras	1	Y	—	—	—	—	—	—	—	—
Colusa	1	Y	—	—	—	—	—	—	—	—
Del Norte	1	P	—	—	—	—	—	—	—	—
Glenn	1	Y	—	—	—	—	—	—	—	—
Humboldt	1	Y	—	—	—	—	—	—	—	—
Lake	1	Y	—	—	—	—	—	—	—	—
Lassen	1	Y	—	—	—	—	—	—	—	—
Mendocino	1	—	—	—	—	—	—	—	—	—
Modoc	1	Y	—	—	—	—	—	—	—	—
Nevada	1	P	P	—	—	P	P	—	—	—
Plumas	1	Y	—	—	—	—	—	—	—	—
Shasta	1	Y	—	—	—	—	—	—	—	—
Sierra	1	—	—	—	—	—	—	—	—	—
Siskiyou	1	Y	—	—	—	—	—	—	—	—
Sutter	1	Y	Y	—	—	—	—	—	—	—
Tehama	1	Y	—	—	—	—	—	—	—	—
Trinity	1	Y	—	—	—	—	—	—	—	—
Tuolumne	1	Y	Y	—	—	—	—	—	—	—
Yuba	1	Y	Y	—	—	—	—	—	—	—
Marin	2	Y	Y	—	—	P	P	—	—	—
Napa	2	Y	Y	—	—	—	—	—	—	—
Solano	2	Y	Y	—	—	Y	Y	P	—	—
Sonoma	2	Y	Y	—	—	Y	Y	P	—	—
El Dorado	3	P	P	—	—	P	P	P	—	—
Placer	3	Y	Y	—	—	P	P	P	—	—
Sacramento	3	Y	Y	—	—	Y	Y	P	—	—
Yolo	3	Y	Y	—	—	Y	Y	Y	Y	—
San Francisco	4	Y	Y	—	—	Y	Y	Y	P	—

Y = Network is available. P = Network is available in part of the Rating Area.

*Vitalidad HMO is available for employers located in San Diego County only.

Networks available by rating area

County	Rating Area	PPO	Full MC	Savings Plus	PC MC	Full HMO	HMO Deduc/Coins	AVN HMO	Basic HMO	PrimeCare HMO
Contra Costa	5	Y	Y	—	—	Y	Y	Y	—	—
Alameda	6	Y	Y	—	—	Y	Y	P	—	—
Santa Clara	7	Y	Y	—	—	Y	Y	Y	P	—
San Mateo	8	Y	Y	—	—	Y	Y	Y	P	—
Monterey	9	P	P	—	—	—	—	—	—	—
San Benito	9	Y	Y	—	—	—	—	—	—	—
Santa Cruz	9	Y	Y	—	—	Y	Y	Y	—	—
Mariposa	10	Y	—	—	—	—	—	—	—	—
Merced	10	Y	Y	—	—	Y	Y	—	—	—
San Joaquin	10	Y	Y	—	—	Y	Y	P	—	—
Stanislaus	10	Y	Y	—	—	Y	Y	—	—	—
Tulare	10	Y	Y	—	—	P	P	—	—	—
Fresno	11	P	P	—	—	P	P	—	—	—
Kings	11	Y	Y	—	—	Y	Y	—	—	—
Madera	11	Y	Y	—	—	P	P	—	—	—
San Luis Obispo	12	Y	Y	—	—	Y	Y	—	—	—
Santa Barbara	12	Y	Y	—	—	Y	Y	—	—	—
Ventura	12	Y	Y	Y	—	Y	Y	—	—	—
Imperial	13	Y	Y	—	—	—	—	—	—	—
Inyo	13	—	—	—	—	—	—	—	—	—
Mono	13	Y	—	—	—	—	—	—	—	—
Kern	14	Y	Y	—	—	Y	Y	P	—	—
Los Angeles (906–912, 915, 917, 918, and 935)	15	Y	Y	Y	—	Y	Y	P	P	—
Los Angeles (all other)	16	Y	Y	Y	—	Y	Y	P	P	—
Riverside/San Bernardino	17	P	P	P	P	P	P	P	P	P
Orange	18	Y	Y	Y	—	Y	Y	Y	Y	—
San Diego*	19	Y	Y	Y	—	Y	Y	P	P	—

Y = Network is available. P = Network is available in part of the Rating Area.

*Vitalidad HMO is available for employers located in San Diego County only.

HMO Plans

Plan name	Platinum HMO Copay Plan*	Gold HMO 10	Gold HMO 20	Gold HMO 30
Networks Available	HMO	HMO, Aetna Value Network HMO, Basic HMO, PrimeCare	HMO, Aetna Value Network HMO, Basic HMO	HMO, Aetna Value Network HMO, Basic HMO, PrimeCare
PCP/Referrals Required	Yes	Yes	Yes	Yes
Member Benefits				
Calendar Year Plan Deductible	None	None	None	None
Out-of-Pocket Limit	\$4,000 individual/ \$8,000 family	\$4,000 individual/ \$8,000 family	\$4,500 individual/ \$9,000 family	\$5,000 individual/ \$10,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	N/A	N/A	N/A	N/A
Primary Care Physician Office Visit²	\$20 copay	\$10 copay	\$20 copay	\$30 copay
Specialist Office Visit²	\$40 copay	\$30 copay	\$60 copay	\$60 copay
Preventive Care/Screenings/Immunizations	No charge	No charge	No charge	No charge
Diagnostic Testing² (x-ray, blood work)	Lab: \$20 copay X-ray: \$40 copay	Lab: \$30 copay X-ray: \$30 copay	Lab: \$20 copay X-ray: \$60 copay	Lab: \$30 copay X-ray: \$60 copay
Imaging (CT/PET scans MRIs)	\$150 copay	\$250 copay	\$250 copay	\$250 copay
Pharmacy Plan Type	CA Four Tier Essential Drug List**	CA Four Tier Essential Drug List**	CA Four Tier Essential Drug List**	CA Four Tier Essential Drug List**
Prescription Drug Deductible (excludes Tier 1: Generic Preferred drugs)	None	\$250 per individual	\$250 per individual	\$250 per individual
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$5 / \$15 / \$25	\$30 / \$50 / 50% up to \$500 per prescription	\$20 / \$50 / 50% up to \$500 per prescription	\$20 / \$50 / 50% up to \$500 per prescription
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	10%	30% up to \$300 per prescription	30% up to \$300 per prescription	30% up to \$300 per prescription
Outpatient Surgery OP Hospital Department	\$250 copay	\$600 copay	\$600 copay	\$600 copay
Outpatient Surgery Freestanding Facility	\$250 copay	\$400 copay	\$400 copay	\$400 copay
Inpatient Hospital Facility	\$250 copay per day up to 5-days per admission	\$750 copay per admission	\$750 copay per admission	\$500 copay per day up to 3-days per admission
Rehabilitation Services (PT/OT/ST)	\$20 copay	\$30 copay	\$60 copay	\$60 copay
Emergency Room	\$150 copay	\$250 copay	\$250 copay	\$250 copay
Emergency Medical Transport	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Urgent Care	\$40 copay	\$50 copay	\$50 copay	\$50 copay
Walk-In Clinics	Not covered	Not covered	Not covered	Not covered
Chiropractic (20 visits per calendar year)	Not covered	\$15 copay	\$15 copay	\$15 copay
Adult Routine Vision (one exam per member every 12-months)	Not covered	\$30 copay	\$60 copay	\$60 copay

Refer to pages 29–30 for footnotes.

HMO Plans

Plan name	Gold HMO Copay Plan*	Silver HMO Deductible 1000	Silver HMO Deductible 1500	Silver HMO Deductible 2000
Networks Available	HMO	HMO Deductible Plan, Basic HMO, PrimeCare	HMO Deductible Plan, Basic HMO	HMO Deductible Plan, Basic HMO, PrimeCare
PCP/Referrals Required	Yes	Yes	Yes	Yes
Member Benefits				
Calendar Year Plan Deductible	None	\$1,000 individual/ \$2,000 family	\$1,500 individual/ \$3,000 family	\$2,000 individual/ \$4,000 family
Out-of-Pocket Limit	\$6,350 individual/ \$12,700 family	\$6,000 individual/ \$12,000 family	\$6,000 individual/ \$12,000 family	\$6,000 individual/ \$12,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	N/A	N/A	N/A	N/A
Primary Care Physician Office Visit²	\$30 copay	\$40 copay; deductible waived	\$40 copay; deductible waived	\$40 copay; deductible waived
Specialist Office Visit²	\$50 copay	\$60 copay; deductible waived	\$60 copay; deductible waived	\$60 copay; deductible waived
Preventive Care/Screenings/Immunizations	No charge	No charge	No charge	No charge
Diagnostic Testing² (x-ray, blood work)	Lab: \$30 copay X-ray: \$50 copay	Lab: \$60 copay; deductible waived X-ray: \$60 copay; deductible waived	Lab: \$60 copay; deductible waived X-ray: \$60 copay; deductible waived	Lab: \$60 copay; deductible waived X-ray: \$60 copay; deductible waived
Imaging (CT/PET scans MRIs)	\$250 copay	\$500 copay; deductible waived	\$500 copay; deductible waived	\$500 copay; deductible waived
Pharmacy Plan Type	CA Four Tier Essential Drug List**	CA Four Tier Essential Drug List**	CA Four Tier Essential Drug List**	CA Four Tier Essential Drug List**
Prescription Drug Deductible	None	None	None	None
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$19 / \$50 / \$70	\$25 / \$50 / 50% up to \$500 per prescription	\$20 / \$50 / 50% up to \$500 per prescription	\$20 / \$50 / 50% up to \$500 per prescription
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	20%	30% up to \$300 per prescription	30% up to \$300 per prescription	30% up to \$300 per prescription
Outpatient Surgery OP Hospital Department	\$600 copay	\$750 copay after deductible	\$750 copay after deductible	\$750 copay after deductible
Outpatient Surgery Freestanding Facility	\$600 copay	\$600 copay after deductible	\$600 copay after deductible	\$600 copay after deductible
Inpatient Hospital Facility	\$600 copay per day up to 5-days per admission	\$500 copay per day up to 3-days per admission after deductible	\$500 copay per day up to 3-days per admission after deductible	\$500 copay per day up to 3-days per admission after deductible
Rehabilitation Services (PT/OT/ST)	\$30 copay	\$60 copay; deductible waived	\$60 copay; deductible waived	\$60 copay; deductible waived
Emergency Room	\$250 copay	\$300 copay after deductible	\$300 copay after deductible	\$300 copay after deductible
Emergency Medical Transport	\$250 copay	\$150 copay after deductible	\$150 copay after deductible	\$150 copay after deductible
Urgent Care	\$60 copay	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Walk-In Clinics	Not covered	Not covered	Not covered	Not covered
Chiropractic (20 visits per calendar year)	Not covered	\$15 copay; deductible waived	\$15 copay; deductible waived	\$15 copay; deductible waived
Adult Routine Vision (one exam per member every 12-months)	Not covered	\$60 copay; deductible waived	\$60 copay; deductible waived	\$60 copay; deductible waived

Refer to pages 29–30 for footnotes.

HMO Plans

Plan name	Silver HMO Deductible Copay Plan*	Bronze HMO Deductible 5500
Networks Available	HMO Deductible Plan	HMO Deductible Plan, Basic HMO, PrimeCare
PCP/Referrals Required	Yes	Yes
Member Benefits		
Calendar Year Plan Deductible	\$1,500 individual/ \$3,000 family	\$5,500 individual/ \$11,000 family
Out-of-Pocket Limit	\$6,350 individual/ \$12,700 family	\$6,350 individual/ \$12,700 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	N/A	N/A
Primary Care Physician Office Visit²	\$45 copay; deductible waived	\$50 copay; deductible waived
Specialist Office Visit²	\$65 copay; deductible waived	\$75 copay; deductible waived
Preventive Care/Screenings/Immunizations	No charge	No charge
Diagnostic Testing² (x-ray, blood work)	Lab: \$45 copay; deductible waived X-ray: \$65 copay; deductible waived	Lab: \$50 copay; deductible waived X-ray: \$75 copay; deductible waived
Imaging (CT/PET scans MRIs)	\$250 copay; deductible waived	\$500 copay; deductible waived
Pharmacy Plan Type	CA Four Tier Essential Drug List**	CA Four Tier Essential Drug List**
Prescription Drug Deductible (excludes Tier 1: Generic Preferred drugs)	\$500 per individual	\$250 per individual
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$19 / \$50 / \$70	\$35 / \$75 / 50% up to \$500 per prescription
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	20%	30% up to \$300 per prescription
Outpatient Surgery OP Hospital Department	20%; deductible waived	50% after deductible
Outpatient Surgery Freestanding Facility	20%; deductible waived	50% after deductible
Inpatient Hospital Facility	20% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST)	\$45 copay; deductible waived	\$50 copay; deductible waived
Emergency Room	\$250 copay after deductible	50% after deductible
Emergency Medical Transport	\$250 copay after deductible	\$150 copay after deductible
Urgent Care	\$90 copay; deductible waived	\$50 copay; deductible waived
Walk-In Clinics	Not covered	Not covered
Chiropractic (20 visits per calendar year)	Not covered	\$15 copay; deductible waived
Adult Routine Vision (one exam per member every 12-months)	Not covered	\$75 copay; deductible waived

Refer to pages 29–30 for footnotes.

Vitalidad Plan

Plan name	Platinum Vitalidad HMO \$25
Network	Vitalidad HMO ³
PCP/Referrals Required	Yes
Member Benefits	
Calendar Year Plan Deductible	None
Out-of-Pocket Limit	\$3,000 individual/ \$6,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹
Not Included in Out-of-Pocket Limit	N/A
Primary Care Physician Office Visit²	\$25 copay
Specialist Office Visit²	\$25 copay
Preventive Care/Screenings/Immunizations	No charge
Diagnostic Testing² (x-ray, blood work)	No charge
Imaging (CT/PET scans MRIs)	No charge
Prescription Drugs (in SIMNSA Network) Retail: 30-day supply Mail Order: Not covered	\$25 generic and brand drugs
Prescription Drugs (Out of SIMNSA Network/Closed Formulary) Closed Formulary is based on medications related to an Emergency Room or Urgent Care visit.	\$25 generic/\$50 brand
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs	Covered under prescription drug copays
Outpatient Surgery OP Hospital Department	No charge
Outpatient Surgery Freestanding Facility	No charge
Inpatient Hospital Facility	\$100 copay per day up to 7-days per admission
Rehabilitation Services (PT/OT/ST)	\$25 copay
Emergency Room (In SIMNSA Network)	\$100 copay
Emergency Room (Out of SIMNSA Network)	\$100 copay
Emergency Medical Transport (In SIMNSA Network)	\$50 copay
Emergency Medical Transport (Out of SIMNSA Network)	\$50 copay
Urgent Care (In SIMNSA Network)	\$35 copay
Urgent Care (Out of SIMNSA Network)	\$35 copay
Primary & Specialist Physician E-Visit	Not covered
Walk-In Clinics	Not covered
Chiropractic	Not covered
Adult Routine Vision (one exam per member every 12-months)	\$25 copay

MC Plans

Plan name	Platinum MC Copay Plan*		Gold MC 500 80/50	
Networks Available	Managed Choice POS (Open Access)	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	None	\$1,000 individual/ \$2,000 family	\$500 individual/ \$1,000 family	\$1,000 individual/ \$2,000 family
Out-of-Pocket Limit	\$4,000 individual/ \$8,000 family	\$8,000 individual/ \$16,000 family	\$4,500 individual/ \$9,000 family	\$9,000 individual/ \$18,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	\$20 copay	50% after deductible	\$35 copay; deductible waived	50% after deductible
Specialist Office Visit²	\$40 copay	50% after deductible	\$35 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	Lab: \$20 copay X-ray: \$40 copay	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	\$150 copay	50% after deductible; Aetna pays up to \$800 per service	20% after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List**		CA Four Tier Essential Drug List**	
Prescription Drug Deductible	None	NA	None	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$5 / \$15 / \$25	Not covered	\$15 / \$50 / 50% up to \$500 per prescription	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	10%	Not covered	30% up to \$300 per prescription	Not covered
Outpatient Surgery OP Hospital Department	\$250 copay	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	\$250 copay	50% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$250 copay per day up to 5-days per admission	50% after deductible; Aetna pays up to \$750 per day	20% after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	\$20 copay	50% after deductible; Aetna pays up to \$50 per visit	20% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room		\$150 copay		20% after deductible
Emergency Medical Transport		\$150 copay		20% after deductible
Urgent Care	\$40 copay	\$40 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Walk-In Clinics	\$20 copay	Not covered	\$35 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	Not covered	Not covered	20% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Adult Routine Vision (one exam per member every 12-months)	Not covered	Not covered	\$35 copay; deductible waived	Not covered

Refer to pages 29–30 for footnotes.

MC Plans

Plan name	Gold MC Copay Plan*		Silver MC 1000 75/50	
Networks Available	Managed Choice POS (Open Access)	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	None	\$1,000 individual/ \$2,000 family	\$1,000 individual/ \$2,000 family	\$2,000 individual/ \$4,000 family
Out-of-Pocket Limit	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family	\$6,000 individual/ \$12,000 family	\$12,000 individual/ \$24,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	\$30 copay	50% after deductible	\$30 copay; deductible waived	50% after deductible
Specialist Office Visit²	\$50 copay	50% after deductible	\$30 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	Lab: \$30 copay X-ray: \$50 copay	50% after deductible	Lab: \$30 copay; deductible waived X-ray: \$30 copay; deductible waived	50% after deductible
Imaging (CT/PET scans MRIs)	\$250 copay	50% after deductible; Aetna pays up to \$800 per service	25% after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List**		CA Four Tier Essential Drug List**	
Prescription Drug Deductible	None	NA	None	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$19 / \$50 / \$70	Not covered	\$30 / \$50 / 50% up to \$500 per prescription	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	20%	Not covered	30% up to \$300 per prescription	Not covered
Outpatient Surgery OP Hospital Department	\$600 copay	50% after deductible; Aetna pays up to \$400 per surgery	35% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	\$600 copay	50% after deductible; Aetna pays up to \$400 per surgery	25% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$600 copay per day up to 5-days per admission	50% after deductible; Aetna pays up to \$750 per day	25% after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	\$30 copay	50% after deductible; Aetna pays up to \$50 per visit	25% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room	\$250 copay		25% after deductible	
Emergency Medical Transport	\$250 copay		25% after deductible	
Urgent Care	\$60 copay	\$60 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Walk-In Clinics	\$30 copay	Not covered	\$30 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	Not covered	Not covered	25% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Adult Routine Vision (one exam per member every 12-months)	Not covered	Not covered	\$30 copay; deductible waived	Not covered

Refer to pages 29–30 for footnotes.

MC Plans

Plan name	Silver MC 1000 60/50		Silver MC 1500 60/50	
Networks Available	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$1,000 individual/ \$2,000 family	\$2,000 individual/ \$4,000 family	\$1,500 individual/ \$3,000 family	\$3,000 individual/ \$6,000 family
Out-of-Pocket Limit	\$6,000 individual/ \$12,000 family	\$12,000 individual/ \$24,000 family	\$6,000 individual/ \$12,000 family	\$12,000 individual/ \$24,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible
Specialist Office Visit²	\$40 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	Lab: \$30 copay; deductible waived X-ray: \$30 copay; deductible waived	50% after deductible	Lab: \$30 copay; deductible waived X-ray: \$60 copay; deductible waived	50% after deductible
Imaging (CT/PET scans MRIs)	40% after deductible	50% after deductible; Aetna pays up to \$800 per service	40% after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List ^{**}		CA Four Tier Essential Drug List ^{**}	
Prescription Drug Deductible (excludes Tier 1: Generic Preferred drugs)	\$250 per individual	NA	\$250 per individual	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$25 / \$50 / 50% up to \$500 per prescription	Not covered	\$20 / \$50 / 50% up to \$500 per prescription	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	30% up to \$300 per prescription	Not covered	30% up to \$300 per prescription	Not covered
Outpatient Surgery OP Hospital Department	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	40% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	40% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	40% after deductible	50% after deductible; Aetna pays up to \$750 per day	40% after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	40% after deductible	50% after deductible; Aetna pays up to \$50 per visit	40% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room	40% after deductible		40% after deductible	
Emergency Medical Transport	40% after deductible		40% after deductible	
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Walk-In Clinics	\$30 copay; deductible waived	Not covered	\$30 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	40% after deductible	50% after deductible; Aetna pays up to \$50 per visit	40% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Adult Routine Vision (one exam per member every 12-months)	\$40 copay; deductible waived	Not covered	\$60 copay; deductible waived	Not covered

Refer to pages 29–30 for footnotes.

MC Plans

Plan name	Silver MC 2000 60/50		Silver MC Coinsurance Plan*	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access)	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$2,000 individual/ \$4,000 family	\$4,000 individual/ \$8,000 family	\$1,500 individual/ \$3,000 family	\$3,000 individual/ \$6,000 family
Out-of-Pocket Limit	\$6,000 individual/ \$12,000 family	\$12,000 individual/ \$24,000 family	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	\$30 copay; deductible waived	50% after deductible	\$45 copay; deductible waived	50% after deductible
Specialist Office Visit²	\$50 copay; deductible waived	50% after deductible	\$65 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	Lab: \$30 copay; deductible waived X-ray: \$50 copay; deductible waived	50% after deductible	Lab: \$45 copay X-ray: \$65 copay	50% after deductible
Imaging (CT/PET scans MRIs)	40% after deductible	50% after deductible; Aetna pays up to \$800 per service	20% after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List**		CA Four Tier Essential Drug List**	
Prescription Drug Deductible (excludes Tier 1: Generic Preferred drugs)	\$250 per individual	NA	\$500 per individual	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$20 / \$50 / 50% up to \$500 per prescription	Not covered	\$19 / \$50 / \$70	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	30% up to \$300 per prescription	Not covered	20%	Not covered
Outpatient Surgery OP Hospital Department	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	20%; deductible waived	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	40% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	20%; deductible waived	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	40% after deductible	50% after deductible; Aetna pays up to \$750 per day	20% after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	40% after deductible	50% after deductible; Aetna pays up to \$50 per visit	\$45 copay; deductible waived	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room	40% after deductible		\$250 copay after deductible	
Emergency Medical Transport	40% after deductible		\$250 copay after deductible	
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$90 copay; deductible waived	\$90 copay; deductible waived
Walk-In Clinics	\$30 copay; deductible waived	Not covered	\$45 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	40% after deductible	50% after deductible; Aetna pays up to \$50 per visit	Not covered	Not covered
Adult Routine Vision (one exam per member every 12-months)	\$50 copay; deductible waived	Not covered	Not covered	Not covered

Refer to pages 29–30 for footnotes.

MC plans

Plan name	Bronze MC 3500 50/50		Bronze MC 4000 Copay Plan	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$3,500 individual/ \$7,000 family	\$7,000 individual/ \$14,000 family	\$4,000 individual/ \$8,000 family	\$8,000 individual/ \$16,000 family
Out-of-Pocket Limit	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	50% after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible
Specialist Office Visit²	50% after deductible	50% after deductible	\$75 copay after deductible	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	50% after deductible	50% after deductible	Lab: \$50 copay; deductible waived X-ray: \$125 copay after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	50% after deductible	50% after deductible; Aetna pays up to \$800 per service	\$500 copay after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List ^{**}		CA Four Tier Essential Drug List ^{**}	
Prescription Drug Deductible (excludes Tier 1: Generic Preferred drugs)	\$450 per individual (applies to all tiers)	NA	\$400 per individual	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	50% / 50% / 50% up to \$500 per prescription	Not covered	\$35 / \$100 / 50% up to \$500 per prescription	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	50% up to \$300 per prescription	Not covered	30% up to \$300 per prescription	Not covered
Outpatient Surgery OP Hospital Department	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	\$500 copay after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	\$500 copay after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	50% after deductible	50% after deductible; Aetna pays up to \$750 per day	\$750 copay after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	50% after deductible	50% after deductible; Aetna pays up to \$50 per visit	\$50 copay after deductible	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room	50% after deductible		\$500 copay after deductible	
Emergency Medical Transport	50% after deductible		\$200 copay after deductible	
Urgent Care	50% after deductible	50% after deductible	\$50 copay; deductible waived	\$50 copay; deductible waived
Walk-In Clinics	50% after deductible	Not covered	\$50 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	50% after deductible	50% after deductible; Aetna pays up to \$50 per visit	\$50 copay after deductible	50% after deductible; Aetna pays up to \$50 per visit
Adult Routine Vision (one exam per member every 12-months)	No charge; deductible waived	Not covered	\$50 copay; deductible waived	Not covered

Refer to pages 29–30 for footnotes.

MC plans

Plan name	Bronze MC 6350 100/50		Bronze MC Plan*	
Networks Available	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA	Managed Choice POS (Open Access)	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family	\$5,000 individual/ \$10,000 family	\$10,000 individual/ \$20,000 family
Out-of-Pocket Limit	\$6,350 individual/ \$12,700 family	\$15,750 individual/ \$31,500 family	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	\$25 copay; deductible waived	50% after deductible	\$60 copay; deductible waived for visits 1–3 ⁷ ; \$60 after deductible for visits 4+	50% after deductible
Specialist Office Visit²	\$75 copay; deductible waived	50% after deductible	\$70 copay after deductible	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	0% after deductible	50% after deductible	30% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	0% after deductible	50% after deductible; Aetna pays up to \$800 per service	30% after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List ^{**}		CA Four Tier Essential Drug List ^{**}	
Prescription Drug Deductible	Integrated Medical/Rx deductible	NA	Integrated Medical/Rx deductible	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	0% after deductible	Not covered	\$19 / \$50 / \$75	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	0% after deductible	Not covered	30%	Not covered
Outpatient Surgery OP Hospital Department	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	0% after deductible	50% after deductible; Aetna pays up to \$750 per day	30% after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	0% after deductible	50% after deductible; Aetna pays up to \$50 per visit	30% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room	0% after deductible		\$300 copay after deductible	
Emergency Medical Transport	0% after deductible		\$300 copay after deductible	
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$120 copay; deductible waived for visits 1–3 ⁷ ; \$120 after deductible for visits 4+	\$120 copay; deductible waived
Walk-In Clinics	\$25 copay; deductible waived	Not covered	\$60 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	0% after deductible	50% after deductible; Aetna pays up to \$50 per visit	Not covered	Not covered
Adult Routine Vision (one exam per member every 12-months)	\$75 copay; deductible waived	Not covered	Not covered	Not covered

Refer to pages 29–30 for footnotes.

MC plans

Plan name	Bronze MC HSA 2500 50/50		Bronze MC HSA 3500 70/50	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$2,500 individual/ \$5,000 family	\$5,000 individual/ \$10,000 family	\$3,500 individual/ \$7,000 family	\$7,000 individual/ \$14,000 family
Out-of-Pocket Limit	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family	\$6,350 individual/ \$12,700 family	\$12,700 individual/ \$25,400 family
Deductible & Out-of-Pocket Limit Accumulation	True Integrated Family (TIF) ⁶		True Integrated Family (TIF) ⁶	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	50% after deductible	50% after deductible	30% after deductible	50% after deductible
Specialist Office Visit²	50% after deductible	50% after deductible	30% after deductible	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	50% after deductible	50% after deductible	30% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	50% after deductible	50% after deductible; Aetna pays up to \$800 per service	30% after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List ^{**}		CA Four Tier Essential Drug List ^{**}	
Prescription Drug Deductible	Integrated Medical/ Rx deductible	NA	Integrated Medical/ Rx deductible	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	50% / 50% / 50% up to \$500 per prescription	Not covered	\$20 / \$40 / 50% up to \$500 per prescription	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	30% up to \$300 per prescription	Not covered	30% up to \$300 per prescription	Not covered
Outpatient Surgery OP Hospital Department	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	50% after deductible	50% after deductible; Aetna pays up to \$750 per day	30% after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	50% after deductible	50% after deductible; Aetna pays up to \$50 per visit	30% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room	50% after deductible		30% after deductible	
Emergency Medical Transport	50% after deductible		30% after deductible	
Urgent Care	50% after deductible	50% after deductible	30% after deductible	50% after deductible
Walk-In Clinics	50% after deductible	Not covered	30% after deductible	Not covered
Chiropractic (20 visits per calendar year)	50% after deductible	50% after deductible; Aetna pays up to \$50 per visit	30% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Adult Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 29–30 for footnotes.

MC and PPO plans

Plan name	Bronze MC HSA 6300 100/50		Gold PPO 750 80/50	
Networks Available	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA	Open Choice PPO	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$6,300 individual/ \$12,600 family	\$12,600 individual/ \$25,200 family	\$750 individual/ \$1,500 family	\$1,500 individual/ \$3,000 family
Out-of-Pocket Limit	\$6,300 individual/ \$12,600 family	\$15,750 individual/ \$31,500 family	\$5,000 individual/ \$10,000 family	\$10,000 individual/ \$20,000 family
Deductible & Out-of-Pocket Limit Accumulation	True Integrated Family (TIF) ⁶		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty		Amounts over allowable charges and failure to precertify penalty	
Primary Care Physician Office Visit²	0% after deductible	50% after deductible	\$20 copay; deductible waived	50% after deductible
Specialist Office Visit²	0% after deductible	50% after deductible	\$40 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (x-ray, blood work)	0% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	0% after deductible	50% after deductible; Aetna pays up to \$800 per service	20% after deductible	50% after deductible; Aetna pays up to \$800 per service
Pharmacy Plan Type	CA Four Tier Essential Drug List ^{**}		CA Four Tier Essential Drug List ^{**}	
Prescription Drug Deductible	Integrated Medical/ Rx deductible	NA	None	NA
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	0% after deductible	Not covered	\$10 / \$50 / 50% up to \$500 per prescription	Not covered
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	0% after deductible	Not covered	30% up to \$300 per prescription	Not covered
Outpatient Surgery OP Hospital Department	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	0% after deductible	50% after deductible; Aetna pays up to \$750 per day	20% after deductible	50% after deductible; Aetna pays up to \$750 per day
Rehabilitation Services (PT/OT/ST)	0% after deductible	50% after deductible; Aetna pays up to \$50 per visit	20% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Emergency Room	0% after deductible		20% after deductible	
Emergency Medical Transport	0% after deductible		20% after deductible	
Urgent Care	0% after deductible	50% after deductible	\$50 copay; deductible waived	\$50 copay; deductible waived
Walk-In Clinics	0% after deductible	Not covered	\$20 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	0% after deductible	50% after deductible; Aetna pays up to \$50 per visit	20% after deductible	50% after deductible; Aetna pays up to \$50 per visit
Adult Routine Vision (one exam per member every 12-months)	No charge	Not covered	\$40 copay; deductible waived	Not covered

Refer to pages 29–30 for footnotes.

Indemnity Plan

Plan name	Silver Indemnity 1500 80
Networks Available	NA
PCP/Referrals Required	No
Member Benefits	Non-Participating Providers ⁵
Calendar Year Plan Deductible	\$1,500 individual/ \$3,000 family
Out-of-Pocket Limit	\$6,350 individual/ \$12,700 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹
Not Included In Out-of-Pocket Limit	Amounts over allowable charges and failure to precertify penalty
Primary Care Physician Office Visit²	20% after deductible
Specialist Office Visit²	20% after deductible
Preventive Care/Screenings/Immunizations	No charge
Diagnostic Testing² (x-ray, blood work)	20% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible
Pharmacy Plan Type	CA Four Tier Essential Drug List
Prescription Drug Deductible	None
Prescription Drugs Tier 1: Generic Preferred Tier 2: Brand Preferred Tier 3: Non-Preferred Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$10 / \$50 / 50% up to \$500 per prescription
Aetna Specialty CareRxSM Tier 4: Preferred Specialty (retail and mail order up to a 30-day supply, excludes insulin)	30% up to \$300 per prescription
Outpatient Surgery OP Hospital Department	20% after deductible
Outpatient Surgery Freestanding Facility	20% after deductible
Inpatient Hospital Facility	20% after deductible
Rehabilitation Services (PT/OT/ST)	20% after deductible
Emergency Room	20% after deductible
Emergency Medical Transport	20% after deductible
Urgent Care	20% after deductible
Walk-In Clinics	Not covered
Chiropractic (20 visits per calendar year)	20% after deductible
Adult Routine Vision (one exam per member every 12-months)	No charge

Refer to pages 29–30 for footnotes.

Medical plans

Footnotes

All services are subject to the deductible unless otherwise noted.

Some benefits are subject to age and frequency schedules, limitations or visit maximums.

Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care and complex imaging services.

*Mandated Covered California Exchange Plan.

**Not all drugs are covered. It is important to look at the Essential Drugs List to understand which drugs are covered.

¹Embedded: The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

²Copays related to preventive care services will be waived.

³For the Vitalidad HMO plan, upon enrollment each member must select a primary care physician (PCP) from the SIMNSA network of participating providers located in Mexico. The selected PCP is responsible for coordinating the member's care. For any questions or concerns about accessing and obtaining service from the SIMNSA network please call Member Services at **1-888-98-AETNA**.

⁴We cover the cost of services based on whether doctors are "in-network" or "out-of-network". We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out-of-network, "your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate.

Your doctor sets his or her own rate to charge you. It may be higher — sometimes much higher — than what your Aetna plan "recognizes". Your doctor may bill you for the dollar amount that Aetna doesn't "recognize". You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums.

To learn more about how we pay out-of-network benefits visit **www.aetna.com**. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from our broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out-of-network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in the network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

⁵We cover the cost of services based on whether doctors are "in-network" or "out-of-network". We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

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

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. For doctors and other professionals the amount based on prevailing charges. We get this data from an external database. For hospitals and other facilities, the amount is based on the Aetna Facility Fee Schedule.

Your doctor sets his or her own rate to charge you. It may be higher — sometimes much higher — than what your Aetna plan "recognizes". Your doctor may bill you for the dollar amount that Aetna doesn't "recognize". You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums.

To learn more about how we pay out-of-network benefits visit **www.aetna.com**. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from our broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out-of-network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in the network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

⁶True Integrated Family (TIF): The family deductible and/or out-of-pocket limit can be met by a combination of family members or by a single member. There is no individual deductible and/or out-of-pocket limit to satisfy.

⁷Deductible waived for the first three visits combined for PCP, Urgent Care, OP Mental Health and OP Substance Abuse.

Aetna Dental Plans

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

Dental Overview

The Mouth MattersSM

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

The Aetna Dental/Medical IntegrationSM program,* available at no additional charge to plan sponsors that have both medical and dental coverage 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. 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 covered services at a negotiated rate and will not balance-bill members.

PPO Max plan

While the PPO Max dental insurance plan uses the PPO network, when members use out-of-network dentists the service will be covered based on the PPO fee schedule, rather than the usual and prevailing charge. The member will share in more of the costs and 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 may 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.

Aetna Dental Preventive CareSM plan

The Preventive Care plan is a lower cost dental plan that covers preventive and diagnostic procedures. Members pay nothing for these services when visiting an Aetna PPO dentist.

¹MayoClinic.com. "Oral health: A window to your overall health." www.mayoclinic.com/health/dental/DE00001 [article online]. February 5, 2011. Accessed August 2013.

*DMI may not be available in all states.

**Dual Option does not apply to Preventive Care plans or Voluntary Dental 3–9 size plans.

Aetna Dental Plans 2–9

	DMO Access	DMO Plus (Plan 58)	Freedom-of-Choice Coinsurance— Monthly selection between DMO and PPO Max	
	Plan 42	Fixed copay DMO Plan 58	DMO Plan 100/90/60	PPO Max Plan 100/80/50
Office Visit Copay	\$10	\$5	\$5	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	None	None	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	\$2,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	No charge	No charge	100%	100%
Comprehensive oral exam	No charge	No charge	100%	100%
Problem-focused oral exam	No charge	No charge	100%	100%
X-rays				
Bitewing – single film	No charge	No charge	100%	100%
Complete series	No charge	No charge	100%	100%
Preventive Services				
Adult cleaning	No charge	No charge	100%	100%
Child cleaning	No charge	No charge	100%	100%
Sealants – per tooth	\$10	\$5	100%	100%
Fluoride application – child	No charge	No charge	100%	100%
Space maintainers – fixed	\$100	\$60	100%	100%
Basic Services				
Amalgam filling – 2 surfaces	\$32	No charge	90%	80%
Resin filling – 2 surfaces, anterior	\$55	No charge	90%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	\$30	No charge	90%	80%
Extraction of impacted tooth – soft tissue	\$80	\$46	90%	80%
¹Major Services				
Complete upper denture	\$500	\$275	60%	50%
Partial upper denture (resin base)	\$513	\$275	60%	50%
Crown – Porcelain with noble metal ²	\$488	\$210	60%	50%
Pontic – Porcelain with noble metal ²	\$488	\$210	60%	50%
Inlay – Metallic (3 or more surfaces)	\$463	\$180	60%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	\$175*	\$58	60%	50%
Endodontic Services				
Bicuspid root canal therapy	\$195	\$85	90%	50%
Molar root canal therapy	\$435*	\$240	60%	50%
Periodontic Services				
Scaling & root planing – per quadrant	\$65	\$55	90%	50%
Osseous surgery – per quadrant	\$445*	\$300	60%	50%
Orthodontic Services				
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

Aetna Dental Plans 2–9

Freedom-of-Choice Plus— Monthly selection between DMO and PPO PPO \$1000 Active

	Fixed copay Plan 58	PPO Plan 100/80/50	Preferred Plan 100/80/50	Nonpreferred Plan 80/60/40
Office Visit Copay	\$5	N/A	N/A	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	\$1,000	\$1,000	\$1,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	No charge	100%	100%	80%
Comprehensive oral exam	No charge	100%	100%	80%
Problem-focused oral exam	No charge	100%	100%	80%
X-rays				
Bitewing – single film	No charge	100%	100%	80%
Complete series	No charge	100%	100%	80%
Preventive Services				
Adult cleaning	No charge	100%	100%	80%
Child cleaning	No charge	100%	100%	80%
Sealants – per tooth	\$5	100%	100%	80%
Fluoride application – child	No charge	100%	100%	80%
Space maintainers – fixed	\$60	100%	100%	80%
Basic Services				
Amalgam filling – 2 surfaces	No charge	80%	80%	60%
Resin filling – 2 surfaces, anterior	No charge	80%	80%	60%
Oral Surgery				
Extraction – exposed root or erupted tooth	No charge	80%	80%	60%
Extraction of impacted tooth – soft tissue	\$46	80%	80%	60%
¹Major Services				
Complete upper denture	\$275	50%	50%	40%
Partial upper denture (resin base)	\$275	50%	50%	40%
Crown – Porcelain with noble metal ²	\$210	50%	50%	40%
Pontic – Porcelain with noble metal ²	\$210	50%	50%	40%
Inlay – Metallic (3 or more surfaces)	\$180	50%	50%	40%
Oral Surgery				
Removal of impacted tooth – partially bony	\$58	50%	50%	40%
Endodontic Services				
Bicuspid root canal therapy	\$85	80%	50%	40%
Molar root canal therapy	\$240	50%	50%	40%
Periodontic Services				
Scaling & root planing – per quadrant	\$55	80%	50%	40%
Osseous surgery – per quadrant	\$300	50%	50%	40%
Orthodontic Services				
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

Refer to page 36 for footnotes.

Aetna Dental Plans 2–9

	PPO \$1500	PPO \$1500 Active	PPO \$2000
	PPO 1500 Plan 100/80/50	Preferred Plan 100/80/50	Nonpreferred Plan 80/60/40
	PPO 2000 Plan 100/80/50		
Office Visit Copay	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
Annual Maximum Benefit	\$1,500	\$1,500	\$2,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	80%
Comprehensive oral exam	100%	100%	80%
Problem-focused oral exam	100%	100%	80%
X-rays			
Bitewing – single film	100%	100%	80%
Complete series	100%	100%	80%
Preventive Services			
Adult cleaning	100%	100%	80%
Child cleaning	100%	100%	80%
Sealants – per tooth	100%	100%	80%
Fluoride application – child	100%	100%	80%
Space maintainers – fixed	100%	100%	80%
Basic Services			
Amalgam filling – 2 surfaces	80%	80%	60%
Resin filling – 2 surfaces, anterior	80%	80%	60%
Oral Surgery			
Extraction – exposed root or erupted tooth	80%	80%	60%
Extraction of impacted tooth – soft tissue	80%	80%	60%
¹Major Services			
Complete upper denture	50%	50%	40%
Partial upper denture (resin base)	50%	50%	40%
Crown – Porcelain with noble metal ²	50%	50%	40%
Pontic – Porcelain with noble metal ²	50%	50%	40%
Inlay – Metallic (3 or more surfaces)	50%	50%	40%
Oral Surgery			
Removal of impacted tooth – partially bony	50%	50%	40%
Endodontic Services			
Bicuspid root canal therapy	80%	80%	60%
Molar root canal therapy	50%	50%	40%
Periodontic Services			
Scaling & root planing – per quadrant	80%	80%	60%
Osseous surgery – per quadrant	50%	50%	40%
Orthodontic Services	Not covered	Not covered	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply

Dental plans 2–9

Footnotes

¹Coverage waiting period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service. Does not apply to the DMO in DMO Plus and Freedom-of-Choice Coinsurance and Freedom-of-Choice Plus.

²There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures: DMO Access, DMO Plus.

Fixed dollar amounts on the DMO in the DMO Access, DMO Plus, Freedom-of-Choice Coinsurance and Freedom-of-Choice Plus are member responsibility.

*Specialist procedures are not covered by the plan when performed by a participating specialist. However, the service is available to the member at a discount.

Most oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Freedom-of-Choice Plus, PPO \$1500, PPO \$1500 Active and PPO \$2000.

Freedom-of-Choice Coinsurance; PPO Max nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-network plan payments are limited by geographic area on the PPO in Freedom-of-Choice Plus, PPO \$1000, PPO \$1000 Active, PPO \$1500 and PPO \$1500 Active to the prevailing fees at the 80th percentile and the 90th percentile on the PPO \$2000.

DMO Access and DMO Plus can be offered with any one of the PPO plans in a Dual Option package.

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

Above list of covered services is representative. 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 54.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access network. This network provides access to providers who participate in the Aetna Dental Access network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the dentist participates in both the Aetna Dental Access network and the Aetna DMO network, DMO benefits take precedence over all other discounts including discounts through the Aetna Dental Access network.

Aetna Dental Access network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Aetna Voluntary Small Group Dental Plans 3–9

	Voluntary DMO Access	Voluntary DMO Plus (Plan 58)	Voluntary PPO \$1000 Active	
	Plan 42	Fixed copay DMO Plan 58	Preferred Plan 100/80/50	Nonpreferred Plan 80/60/40
Office Visit Copay	\$15	\$10	N/A	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	None	\$75; 3X Family maximum	\$75; 3X Family maximum
Annual Maximum Benefit	Unlimited	Unlimited	\$1,000	\$1,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	No charge	No charge	100%	80%
Comprehensive oral exam	No charge	No charge	100%	80%
Problem-focused oral exam	No charge	No charge	100%	80%
X-rays				
Bitewing – single film	No charge	No charge	100%	80%
Complete series	No charge	No charge	100%	80%
Preventive Services				
Adult cleaning	No charge	No charge	100%	80%
Child cleaning	No charge	No charge	100%	80%
Sealants – per tooth	\$10	\$5	100%	80%
Fluoride application – child	No charge	No charge	100%	80%
Space maintainers – fixed	\$100	\$60	100%	80%
Basic Services				
Amalgam filling – 2 surfaces	\$32	No charge	80%	60%
Resin filling – 2 surfaces, anterior	\$55	No charge	80%	60%
Oral Surgery				
Extraction – exposed root or erupted tooth	\$30	No charge	80%	60%
Extraction of impacted tooth – soft tissue	\$80	\$46	80%	60%
¹Major Services				
Complete upper denture	\$500	\$275	50%	40%
Partial upper denture (resin base)	\$513	\$275	50%	40%
Crown – Porcelain with noble metal ²	\$488	\$210	50%	40%
Pontic – Porcelain with noble metal ²	\$488	\$210	50%	40%
Inlay – Metallic (3 or more surfaces)	\$463	\$180	50%	40%
Oral Surgery				
Removal of impacted tooth – partially bony	\$175*	\$58	50%	40%
Endodontic Services				
Bicuspid root canal therapy	\$195	\$85	50%	40%
Molar root canal therapy	\$435*	\$240	50%	40%
Periodontic Services				
Scaling & root planing – per quadrant	\$65	\$55	50%	40%
Osseous surgery – per quadrant	\$445*	\$300	50%	40%
Orthodontic Services				
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

Refer to page 40 for footnotes.

Aetna Voluntary Small Group Dental Plans 3–9

	Voluntary PPO \$1500	Voluntary PPO \$1500 Active	
	PPO 1500 Plan 100/80/50	Preferred Plan 100/80/50	Nonpreferred Plan 80/60/40
Office Visit Copay	N/A	N/A	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	\$75; 3X Family maximum	\$75; 3X Family maximum	\$75; 3X Family maximum
Annual Maximum Benefit	\$1,500	\$1,500	\$1,500
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	80%
Comprehensive oral exam	100%	100%	80%
Problem-focused oral exam	100%	100%	80%
X-rays			
Bitewing – single film	100%	100%	80%
Complete series	100%	100%	80%
Preventive Services			
Adult cleaning	100%	100%	80%
Child cleaning	100%	100%	80%
Sealants – per tooth	100%	100%	80%
Fluoride application – child	100%	100%	80%
Space maintainers – fixed	100%	100%	80%
Basic Services			
Amalgam filling – 2 surfaces	80%	80%	60%
Resin filling – 2 surfaces, anterior	80%	80%	60%
Oral Surgery			
Extraction – exposed root or erupted tooth	80%	80%	60%
Extraction of impacted tooth – soft tissue	80%	80%	60%
¹Major Services			
Complete upper denture	50%	50%	40%
Partial upper denture (resin base)	50%	50%	40%
Crown – Porcelain with noble metal ²	50%	50%	40%
Pontic – Porcelain with noble metal ²	50%	50%	40%
Inlay – Metallic (3 or more surfaces)	50%	50%	40%
Oral Surgery			
Removal of impacted tooth – partially bony	50%	50%	40%
Endodontic Services			
Bicuspid root canal therapy	80%	80%	60%
Molar root canal therapy	50%	50%	40%
Periodontic Services			
Scaling & root planing – per quadrant	80%	80%	60%
Osseous surgery – per quadrant	50%	50%	40%
Orthodontic Services			
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply

Refer to page 40 for footnotes.

Aetna Voluntary Small Group Dental Plans 3–9

Voluntary Freedom-of-Choice Coinsurance— Monthly selection between DMO and PPO Max

	DMO Plan 100/90/60	PPO Max Plan 100/80/50
Office Visit Copay	\$10	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	\$75; 3X Family maximum
Annual Maximum Benefit	Unlimited	\$2,000
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 – child	100%	100%
Space maintainers – fixed	100%	100%
Basic Services		
Amalgam filling – 2 surfaces	90%	80%
Resin filling – 2 surfaces, anterior	90%	80%
Oral Surgery		
Extraction – exposed root or erupted tooth	90%	80%
Extraction of impacted tooth – soft tissue	90%	80%
¹Major Services		
Complete upper denture	60%	50%
Partial upper denture (resin base)	60%	50%
Crown – Porcelain with noble metal ²	60%	50%
Pontic – Porcelain with noble metal ²	60%	50%
Inlay – Metallic (3 or more surfaces)	60%	50%
Oral Surgery		
Removal of impacted tooth – partially bony	60%	50%
Endodontic Services		
Bicuspid root canal therapy	90%	50%
Molar root canal therapy	60%	50%
Periodontic Services		
Scaling & root planing – per quadrant	90%	50%
Osseous surgery – per quadrant	60%	50%
Orthodontic Services		
Orthodontic Lifetime Maximum	Does not apply	Does not apply

Dental plans 3–9

Footnotes

¹Coverage waiting period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service. Does not apply to the DMO in Voluntary DMO Plus and Voluntary Freedom-of-Choice Coinsurance.

²There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures in Voluntary DMO Access, DMO Plus.

Fixed dollar amounts on the DMO in Voluntary DMO Plus and Voluntary Freedom-of-Choice Coinsurance are member responsibility.

*Specialist procedures are not covered by the plan when performed by a participating specialist. However, the service is available to the member at a discount.

Voluntary Freedom-of-Choice Coinsurance; PPO Max nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Most oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Voluntary PPO \$1500, Voluntary PPO \$1500 Active.

Out-of-network plan payments are limited by geographic area on the PPO in Voluntary PPO Active \$1000 and \$1500 and Voluntary PPO \$1500 to the prevailing fees at the 80th percentile.

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

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

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of limitations and exclusions, refer to page 54.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access network. This network provides access to providers who participate in the Aetna Dental Access network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the dentist participates in both the Aetna Dental Access network and the Aetna DMO network, DMO benefits take precedence over all other discounts including discounts through the Aetna Dental Access network.

Aetna Dental Access network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

	Option 1A DMO Copay 58	Option 1B DMO Copay 56	Option 2A DMO Coinsurance	Option 3A DMO Copay 66
	Fixed copay DMO Plan 58	Fixed copay DMO Plan 56	DMO Plan 100/100/60	Fixed copay DMO Plan 66
Office Visit Copay	\$5	None	\$5	None
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	None	None	None
Annual Maximum Benefit	Unlimited	None	Unlimited	Unlimited
Diagnostic Services				
Oral Exams				
Periodic oral exam	No charge	No charge	100%	No charge
Comprehensive oral exam	No charge	No charge	100%	No charge
Problem-focused oral exam	No charge	No charge	100%	No charge
X-rays				
Bitewing – single film	No charge	No charge	100%	No charge
Complete series	No charge	No charge	100%	No charge
Preventive Services				
Adult cleaning	No charge	No charge	100%	No charge
Child cleaning	No charge	No charge	100%	No charge
Sealants – per tooth	\$5	No charge	100%	No charge
Fluoride application – child	No charge	No charge	100%	No charge
Space maintainers – fixed	\$60	No charge	100%	No charge
Basic Services				
Amalgam filling – 2 surfaces	No charge	No charge	100%	No charge
Resin filling – 2 surfaces, anterior	No charge	No charge	100%	No charge
Endodontic Services				
Bicuspid root canal therapy	\$85	No charge	100%	No charge
Periodontic Services				
Scaling & root planing – per quadrant	\$55	\$25	100%	\$35
Oral Surgery				
Extraction – exposed root or erupted tooth	No charge	No charge	100%	No charge
Extraction of impacted tooth – soft tissue	\$46	No charge	100%	No charge
¹Major Services				
Complete upper denture	\$275	\$185	60%	\$200
Partial upper denture (resin base)	\$275	\$185	60%	\$200
Crown – Porcelain with noble metal ²	\$210	\$150	60%	\$180
Pontic – Porcelain with noble metal ²	\$210	\$150	60%	\$180
Inlay – Metallic (3 or more surfaces)	\$180	\$150	60%	\$180
Oral Surgery				
Removal of impacted tooth – partially bony	\$58	\$45	60%	\$45
Endodontic Services				
Molar root canal therapy	\$240	\$125	60%	\$146
Periodontic Services				
Osseous surgery – per quadrant	\$300	\$140	60%	\$140
¹Orthodontic Services (optional)				
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

Aetna Standard and Voluntary Small Group Dental Plans 10–50

	Option 3B DMO Copay 66i	Option 3C DMO Copay 63	Option 4A Freedom-of-Choice— Monthly selection between DMO and PPO	
	Fixed copay DMO Plan 66i	Fixed copay DMO Plan 63	DMO Plan 100/100/60	PPO Plan 100/80/50
Office Visit Copay	None	\$5	\$5	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	None	None	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	\$1,500
Diagnostic Services				
Oral Exams				
Periodic oral exam	No charge	No charge	100%	100%
Comprehensive oral exam	No charge	No charge	100%	100%
Problem-focused oral exam	No charge	No charge	100%	100%
X-rays				
Bitewing – single film	No charge	No charge	100%	100%
Complete series	No charge	No charge	100%	100%
Preventive Services				
Adult cleaning	No charge	\$8	100%	100%
Child cleaning	No charge	\$7	100%	100%
Sealants – per tooth	No charge	\$8	100%	100%
Fluoride application – child	No charge	No charge	100%	100%
Space maintainers – fixed	No charge	\$80	100%	100%
Basic Services				
Amalgam filling – 2 surfaces	No charge	\$24	100%	80%
Resin filling – 2 surfaces, anterior	No charge	\$35	100%	80%
Endodontic Services				
Bicuspid root canal therapy	No charge	\$180	100%	80%
Periodontic Services				
Scaling & root planing – per quadrant	\$35	\$56	100%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	No charge	\$15	100%	80%
Extraction of impacted tooth – soft tissue	No charge	\$60	100%	80%
¹Major Services				
Complete upper denture	\$200	\$300	60%	50%
Partial upper denture (resin base)	\$200	\$300	60%	50%
Crown – Porcelain with noble metal ²	\$180	\$315	60%	50%
Pontic – Porcelain with noble metal ²	\$180	\$315	60%	50%
Inlay – Metallic (3 or more surfaces)	\$180	\$225	60%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	\$45	\$72	60%	80%
Endodontic Services				
Molar root canal therapy	\$146	\$303	60%	80%
Periodontic Services				
Osseous surgery – per quadrant	\$140	\$325	60%	80%
¹Orthodontic Services (optional)	\$2,300 copay	\$2,300 copay	\$2,000 copay	50%
Orthodontic Lifetime Maximum	Does not apply	Does not apply	\$1,000	Does not apply

Refer to page 50 for footnotes.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

Option 5A Freedom-of-Choice Active — Monthly selection between DMO and PPO

	DMO Plan 100/100/60	Preferred PPO Plan 100/90/60	Nonpreferred PPO Plan 100/80/50
Office Visit Copay	\$5	N/A	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	\$1,500	\$1,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing – single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
Adult cleaning	100%	100%	100%
Child cleaning	100%	100%	100%
Sealants – per tooth	100%	100%	100%
Fluoride application – child	100%	100%	100%
Space maintainers – fixed	100%	100%	100%
Basic Services			
Amalgam filling – 2 surfaces	100%	90%	80%
Resin filling – 2 surfaces, anterior	100%	90%	80%
Endodontic Services			
Bicuspid root canal therapy	100%	90%	80%
Periodontic Services			
Scaling & root planing – per quadrant	100%	90%	80%
Oral Surgery			
Extraction – exposed root or erupted tooth	100%	90%	80%
Extraction of impacted tooth – soft tissue	100%	90%	80%
¹Major Services			
Complete upper denture	60%	60%	50%
Partial upper denture (resin base)	60%	60%	50%
Crown – Porcelain with noble metal ²	60%	60%	50%
Pontic – Porcelain with noble metal ²	60%	60%	50%
Inlay – Metallic (3 or more surfaces)	60%	60%	50%
Oral Surgery			
Removal of impacted tooth – partially bony	60%	90%	80%
Endodontic Services			
Molar root canal therapy	60%	90%	80%
Periodontic Services			
Osseous surgery – per quadrant	60%	90%	80%
¹Orthodontic Services (optional)			
Orthodontic Lifetime Maximum	\$2,000 copay \$1,000	50% \$1,000	50% \$1,000

Refer to page 50 for footnotes.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

Option 5B

Freedom-of-Choice Active PPO 90th — Monthly selection between DMO and PPO

	Fixed copay DMO Plan 66	Preferred PPO Plan 100/90/60	Nonpreferred PPO Plan 100/80/50
Office Visit Copay	None	N/A	N/A
Annual Deductible per Member (does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	\$2,000	\$2,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	No charge	100%	100%
Comprehensive oral exam	No charge	100%	100%
Problem-focused oral exam	No charge	100%	100%
X-rays			
Bitewing – single film	No charge	100%	100%
Complete series	No charge	100%	100%
Preventive Services			
Adult cleaning	No charge	100%	100%
Child cleaning	No charge	100%	100%
Sealants – per tooth	No charge	100%	100%
Fluoride application – child	No charge	100%	100%
Space maintainers – fixed	No charge	100%	100%
Basic Services			
Amalgam filling – 2 surfaces	No charge	90%	80%
Resin filling – 2 surfaces, anterior	No charge	90%	80%
Endodontic Services			
Bicuspid root canal therapy	No charge	90%	80%
Periodontic Services			
Scaling & root planing – per quadrant	\$35	90%	80%
Oral Surgery			
Extraction – exposed root or erupted tooth	No charge	90%	80%
Extraction of impacted tooth – soft tissue	No charge	90%	80%
¹Major Services			
Complete upper denture	\$200	60%	50%
Partial upper denture (resin base)	\$200	60%	50%
Crown – Porcelain with noble metal ²	\$180	60%	50%
Pontic – Porcelain with noble metal ²	\$180	60%	50%
Inlay – Metallic (3 or more surfaces)	\$180	60%	50%
Oral Surgery			
Removal of impacted tooth – partially bony	\$45	90%	80%
Endodontic Services			
Molar root canal therapy	\$146	90%	80%
Periodontic Services			
Osseous surgery – per quadrant	\$140	90%	80%
¹Orthodontic Services (optional)	\$2,000 copay	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$2,000	\$2,000

Refer to page 50 for footnotes.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

	Option 6A Active PPO Low		Option 7A Active PPO	
	Preferred Plan 80/80/50	Nonpreferred Plan 70/50/50	Preferred Plan 100/90/60	Nonpreferred 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	\$1,500	\$1,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	80%	70%	100%	100%
Comprehensive oral exam	80%	70%	100%	100%
Problem-focused oral exam	80%	70%	100%	100%
X-rays				
Bitewing – single film	80%	70%	100%	100%
Complete series	80%	70%	100%	100%
Preventive Services				
Adult cleaning	80%	70%	100%	100%
Child cleaning	80%	70%	100%	100%
Sealants – per tooth	80%	70%	100%	100%
Fluoride application – child	80%	70%	100%	100%
Space maintainers – fixed	80%	70%	100%	100%
Basic Services				
Amalgam filling – 2 surfaces	80%	50%	90%	80%
Resin filling – 2 surfaces, anterior	80%	50%	90%	80%
Endodontic Services				
Bicuspid root canal therapy	80%	50%	90%	80%
Periodontic Services				
Scaling & root planing – per quadrant	80%	50%	90%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	80%	50%	90%	80%
Extraction of impacted tooth – soft tissue	80%	50%	90%	80%
¹Major Services				
Complete upper denture	50%	50%	60%	50%
Partial upper denture (resin base)	50%	50%	60%	50%
Crown – Porcelain with noble metal ²	50%	50%	60%	50%
Pontic – Porcelain with noble metal ²	50%	50%	60%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	60%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	80%	50%	90%	80%
Endodontic Services				
Molar root canal therapy	80%	50%	90%	80%
Periodontic Services				
Osseous surgery – per quadrant	80%	50%	90%	80%
¹Orthodontic Services (optional)	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000

Refer to page 50 for footnotes.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

	Option 8A Active PPO Plus 90th		Option 8B Active PPO 2000 90th	
	Preferred Plan 100/90/60	Nonpreferred Plan 100/80/50	Preferred Plan 100/90/60	Nonpreferred 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	\$2,000	\$1,500	\$2,000	\$2,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
Preventive Services				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%
Fluoride application – child	100%	100%	100%	100%
Space maintainers – fixed	100%	100%	100%	100%
Basic Services				
Amalgam filling – 2 surfaces	90%	80%	90%	80%
Resin filling – 2 surfaces, anterior	90%	80%	90%	80%
Endodontic Services				
Bicuspid root canal therapy	90%	80%	90%	80%
Periodontic Services				
Scaling & root planing – per quadrant	90%	80%	90%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	90%	80%	90%	80%
Extraction of impacted tooth – soft tissue	90%	80%	90%	80%
¹Major Services				
Complete upper denture	60%	50%	60%	50%
Partial upper denture (resin base)	60%	50%	60%	50%
Crown – Porcelain with noble metal ²	60%	50%	60%	50%
Pontic – Porcelain with noble metal ²	60%	50%	60%	50%
Inlay – Metallic (3 or more surfaces)	60%	50%	60%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	90%	80%	90%	80%
Endodontic Services				
Molar root canal therapy	90%	80%	90%	80%
Periodontic Services				
Osseous surgery – per quadrant	90%	80%	90%	80%
¹Orthodontic Services (optional)	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,000	\$2,000	\$2,000

Refer to page 50 for footnotes.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

	Option 8C Active PPO 2500 90th		Option 9A PPO Max 1000
	Preferred Plan 100/90/60	Nonpreferred Plan 100/80/50	PPO Max 1000 Plan 80/80/50
Office Visit Copay	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
Annual Maximum Benefit	\$2,500	\$2,500	\$1,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	80%
Comprehensive oral exam	100%	100%	80%
Problem-focused oral exam	100%	100%	80%
X-rays			
Bitewing – single film	100%	100%	80%
Complete series	100%	100%	80%
Preventive Services			
Adult cleaning	100%	100%	80%
Child cleaning	100%	100%	80%
Sealants – per tooth	100%	100%	80%
Fluoride application – child	100%	100%	80%
Space maintainers – fixed	100%	100%	80%
Basic Services			
Amalgam filling – 2 surfaces	90%	80%	80%
Resin filling – 2 surfaces, anterior	90%	80%	80%
Endodontic Services			
Bicuspid root canal therapy	90%	80%	50%
Periodontic Services			
Scaling & root planing – per quadrant	90%	80%	50%
Oral Surgery			
Extraction – exposed root or erupted tooth	90%	80%	50%
Extraction of impacted tooth – soft tissue	90%	80%	50%
¹Major Services			
Complete upper denture	60%	50%	50%
Partial upper denture (resin base)	60%	50%	50%
Crown – Porcelain with noble metal ²	60%	50%	50%
Pontic – Porcelain with noble metal ²	60%	50%	50%
Inlay – Metallic (3 or more surfaces)	60%	50%	50%
Oral Surgery			
Removal of impacted tooth – partially bony	90%	80%	50%
Endodontic Services			
Molar root canal therapy	90%	80%	50%
Periodontic Services			
Osseous surgery – per quadrant	90%	80%	50%
¹Orthodontic Services (optional)	50%	50%	50%
Orthodontic Lifetime Maximum	\$2,000	\$2,000	\$1,000

Refer to page 50 for footnotes.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

	Option 10A PPO Max 1500	Option 10B PPO Max 1500 Plus	Option 11A PPO 1500
	PPO Max 1500 Plan 100/80/50	PPO Max 1500 Plan 100/80/50	PPO 1500 Plan 100/80/50
Office Visit Copay	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
Annual Maximum Benefit	\$1,500	\$1,500	\$1,500
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing – single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
Adult cleaning	100%	100%	100%
Child cleaning	100%	100%	100%
Sealants – per tooth	100%	100%	100%
Fluoride application – child	100%	100%	100%
Space maintainers – fixed	100%	100%	100%
Basic Services			
Amalgam filling – 2 surfaces	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%
Endodontic Services			
Bicuspid root canal therapy	80%	80%	80%
Periodontic Services			
Scaling & root planing – per quadrant	80%	80%	80%
Oral Surgery			
Extraction – exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%
¹Major Services			
Complete upper denture	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%
Crown – Porcelain with noble metal ²	50%	50%	50%
Pontic – Porcelain with noble metal ²	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%
Oral Surgery			
Removal of impacted tooth – partially bony	80%	80%	80%
Endodontic Services			
Molar root canal therapy	80%	80%	80%
Periodontic Services			
Osseous surgery – per quadrant	80%	80%	80%
¹Orthodontic Services (optional)	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000

Refer to page 50 for footnotes.

Aetna Standard and Voluntary Small Group Dental Plans 10–50

	Option 11B PPO 1500 Plus	Option 12A PPO 2000	Option 12B PPO 2000 90th
	PPO 1500 Plan 100/80/50	PPO 2,000 Plan 100/80/50	PPO 2,000 Plan 100/80/50
Office Visit Copay	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
Annual Maximum Benefit	\$1,500	\$2,000	\$2,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing – single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
Adult cleaning	100%	100%	100%
Child cleaning	100%	100%	100%
Sealants – per tooth	100%	100%	100%
Fluoride application – child	100%	100%	100%
Space maintainers – fixed	100%	100%	100%
Basic Services			
Amalgam filling – 2 surfaces	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%
Endodontic Services			
Bicuspid root canal therapy	80%	80%	80%
Periodontic Services			
Scaling & root planing – per quadrant	80%	80%	80%
Oral Surgery			
Extraction – exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%
¹Major Services			
Complete upper denture	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%
Crown – Porcelain with noble metal ²	50%	50%	50%
Pontic – Porcelain with noble metal ²	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%
Oral Surgery			
Removal of impacted tooth – partially bony	80%	80%	80%
Endodontic Services			
Molar root canal therapy	80%	80%	80%
Periodontic Services			
Osseous surgery – per quadrant	80%	80%	80%
¹Orthodontic Services (optional)	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,500	\$2,000

Refer to page 50 for footnotes.

Dental plans for 10–50

Footnotes

¹Coverage waiting period applies to all voluntary PPO and PPO Max Plan. Members must be enrolled in the plan for 12 months before becoming eligible for coverage of any major service including orthodontic services. The coverage waiting period does not apply to the DMO and standard plans.

²There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures: DMO options 1A, 1B, 3A, 3B, 3C and 5B.

Fixed dollar amounts on the DMO in plan options 1A, 1B, 2A, 3A, 3B, 3C, 4A, 5A and 5B are member responsibility.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in plan options 1A, 1B, 2A, 3A, 3B, 3C, 4A, 5A and 5B. All oral surgery, endodontic and periodontic services are covered as basic services on the PPO in plan options 4A, 5A, 5B, 6A, 7A, 8A, 8B, 8C, 10A, 10B, 11A, 11B, 12A and 12B. All oral surgery, endodontic and periodontic services are covered as major services on the PPO in plan option 9A.

Plan options 9A, 10A and 10B; PPO Max nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-network plan payments are limited by geographic area on the PPO in plan options 4A, 5A, 6A, 7A, 11A, 11B and 12A to the prevailing fees at the 80th percentile and the 90th percentile in plan options 5B, 8A, 8B, 8C and 12B.

DMO options 1A, 1B, 2A, 3A, 3B, and 3C can be offered with any one of the PPO plans in options 6A, 7A, 8A, 8B, 8C, 9A, 10A, 10B, 11A, 11B, 12A, and 12B in a dual option package.

Plan options 10B and 11B: The calendar-year maximum does not apply to preventive services.

Implants are included as a major service on the PPO in plan options 5B, 8B, 8C and 12B.

All plan options are available with and without orthodontic coverage for adults and dependent children.

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

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

The list of covered services is representative. A full list with limitations and as determined by Aetna appears on the plan booklet/certificate. For a summary list of limitations and exclusions, refer to page 54.

Aetna Life

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

Life

Overview

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

Life insurance

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

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

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

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

Giving you (and your employees) what you want

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

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

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

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

Optional dependent life — This feature allows employees to add optional additional coverage for eligible spouses and children for employers with 10 or more employees.

Our fresh approach to life

Aetna Life Essentials help promote healthy, fulfilling lifestyles. Aetna Life Essentials provide for critical caring and support resources for often-overlooked needs during the end of one's life. Plus, we include value for beneficiaries and their loved ones well beyond the financial support from a death benefit.

AD&D Ultra[®]

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

Covered losses include:

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

Extra benefits for the following:

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

For a summary list of limitations and exclusions, refer to page 54.

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

*Only available if insured loses life.

Limitations and exclusions

Medical

These plans do not cover all health care expenses and have 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, the plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

Aetna HMO, HMO Deductible Plan, Aetna Value NetworkSM HMO, Vitalidad HMO and Basic HMO

- All medical and hospital services not specifically covered or that are limited or excluded by the plan documents, including costs of services before coverage begins and after coverage terminates
- Certain over-the-counter medications and supplies
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays for adults age 19 and over
- Donor egg retrieval
- Experimental and investigational procedures (except for coverage for medically necessary, routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work*
- Implantable drugs and certain injectable drugs, including injectable infertility drugs
- Infertility services, including artificial insemination and advanced reproductive technologies, such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in the plan documents
- Non-medically necessary services or supplies
- Orthotics, except as specified in the plan
- 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

Aetna MC, PPO and Indemnity

- All medical or hospital services not specifically covered or that are limited or excluded in the plan documents
- Certain over-the-counter medications and supplies
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and X-rays for adults age 19 and over
- Donor egg retrieval
- Experimental and investigational procedures
- Hearing aids
- 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 the plan documents
- Non-medically necessary services or supplies
- Orthotics, as specified in the plan
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special duty nursing
- Those for or related to treatment of obesity or for diet or weight control

Creditable coverage

As it relates to the waiting period creditable coverage means any individual or group policy, contract, or program that is written or administered by a disability insurer, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

*California members are covered for all indicated or medically necessary immunizations.

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
- Specific service limitations

Dental Plan Limitations:

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

Pre-existing conditions exclusion provision

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 all individuals. A pre-existing conditions exclusion means that if an individual has a medical condition before coming to our plan, he or she may 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.

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)

*The frequency limits for preventive services do not apply to DMO plans if needed more frequently due to medical necessity.

**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.

New business checklist

For more information about our Small Business Solutions, please contact your local Aetna Sales Executive or the Small Group Broker Support Unit from 8 a.m. to 5 p.m.

Toll free : 1-877-249-2472, opt. 6

Fax#: 1-888-258-4530

E-mail: ASGBLCA@aetna.com

Overnight Mailing Address:

Aetna Small Group Underwriting

1385 E. Shaw Avenue

Fresno, CA 93710

Mailing Address:

Aetna Small Group Underwriting

P.O. Box 24004

Fresno, CA 93779-4004

All Documents can be found at:

www.aetna.com/employer-plans/small-business/enrollment-forms/california.html/

FTP Submissions for registered brokers:

<https://st3.aetna.com/>

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

All required paperwork must be received by Aetna by the 5th business day after the requested effective date, and the 20th business day for the 15th of the month.

Avoid potential delays in getting your client enrolled.

Make sure your new case submissions are complete.

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

- ☐ Employer/Company Application
 - Complete all sections of the application. Any missing information will cause a delay in group implementation.
 - Employer signature must be an owner or corporate officer.
- ☐ Initial premium check made payable to Aetna, Inc., or ACH form. Premium amount should represent 100 percent of the quoted first month's premium.
- ☐ DE9c or other applicable tax documents
 - Reconciled to indicate full-time, part-time, terminated (with term date) and seasonal/temporary employees.
 - All enrolling employees must be represented on the wage and tax form or included on a payroll report.
 - If owner, partner or corporate officer is not listed on the DE9, submit the Small Group Proof of eligibility form, signed, along with the requested documents.
 - If newly hired employees are not identified on the DE9c, submit a minimum of two weeks payroll indicating compensation and taxes withheld.
 - Out-of-state employees require proof of employment if not identified on the DE9c. This would be the quarterly wage and tax statement filed in that particular state where the employee is living and/or working.
- ☐ Copy of current/prior carrier bill
 - Bill must be the latest available with employee roster and premium summary page.
- ☐ Copy of quote that was presented to group

Broker Information

- ☐ Agent/broker must be licensed in California and appointed by Aetna.
- ☐ Broker must sign the Employer Application and Statement of Understanding.

Employee Documents

- ☐ Employee Enrollment Form
 - All sections must be completed for each employee.
 - The waiver section of the application must be completed for employees and/or dependents not electing coverage. (Section must be signed by the employee)
 - Signature and date applications before the requested effective date.
 - ID Cards for employees waiving due to other coverage may be required if participation is not met.
 - Any alterations must be initialed and dated by the employee.

Items most missed

Employer Application

- ☐ Plan selection
- ☐ Date business established
- ☐ Nature of business or SIC (standard industry classification)
- ☐ Contribution
- ☐ Benefit waiting period (BWP)/waiving BWP for existing employees
- ☐ Employer eligibility/employee status
- ☐ Number of hours required per week for full or part-time employees

Employee Application

- ☐ Social Security number (employee and dependents)
- ☐ Date of hire
- ☐ Employee address is unreadable (street address only, no P.O. Boxes)
- ☐ Hours worked/salary
- ☐ Number of dependents including spouse
- ☐ Date of birth for dependents

SBC Requirements under the Affordable Care Act

The Affordable Care Act mandates a new plan document entitled Summary of Benefits and Coverage (SBC). You can view and download a new brochure that describes the SBC requirements and your distribution obligations at www.aetna.com/externalweb/documents/SBCBrochure.pdf.

To retrieve the SBCs from the Producer World® website, go to www.aetna.com, click on the link for Producers and then Producer Log In.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health/dental benefits, health/dental insurance and life insurance plans/policies contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and life services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features 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. 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. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. 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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