

Small Business Solutions

FOR BUSINESSES WITH 2 TO 50 ELIGIBLE EMPLOYEES
PLANS EFFECTIVE APRIL 1, 2006
TEXAS

Health, Dental,
Vision, Pharmacy,
Life and Disability



Choice.
Simplicity.
Affordability.

Recently there's been significant publicity about "consumer-directed" health plans. At Aetna, we believe these plans are defined by putting consumers in the center of the health care equation, with the insurer and health care practitioner playing the supporting roles.

Consumer-directed plans increase flexibility, control and choice for the employer and the employee. Aetna recognizes the challenges of rising health-care costs and the demands of running a successful small business. We are working with small businesses to establish innovative, realistic and practical ways to continue providing quality coverage at affordable prices.

At Aetna Small Group*, we are betting heavily on the consumer, which is why we offer easy-to-understand, flexible, affordable consumer choice plans. We're committed to investing in tools, education and technology to help consumers make clear, informed decisions.

*Bill Roth, Senior Vice President
Aetna Small Group*



Our portfolio of health, dental, vision, pharmacy, life and disability insurance products is designed to help your employees stay healthy and productive through all stages of life.

* Aetna Small Group refers to an internal business unit of Aetna.

Choice. Simplicity. Affordability. With Aetna. It's Yours.

In the world of small business, there's nothing more critical to your company's success than the health and well-being of your employees. At Aetna*, we are committed to putting the member at the center of everything we do — with a new generation of consumer-friendly health care benefits and insurance and related programs designed to give your employees the product choices, tools and information they need to lead healthier, more productive lives.

Our portfolio of health, dental, pharmacy, life and disability insurance products is designed to help your employees stay healthy and productive through all stages of life.

From the National Medical Excellence Program®, our transplant and complex care program, to our disease management and vision programs, Aetna offers solutions for your small business.

*The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Corporate Health Insurance Company, Aetna Life Insurance Company and/or Aetna Dental Inc.

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Choice. Simplicity. Affordability. With Aetna. It's Yours.

Aetna understands small business — especially when it comes to the daily challenges of controlling costs, keeping things simple and providing employee choice in health care benefits and insurance.

Employers and their employees have been depending on Aetna for years. Now we're offering the next generation of consumer choice products that address small business challenges for providing choice, simplicity and affordability.

Choice

Aetna offers 21 health plan designs with a large network for small employers in Texas. Employers can now empower their employees by giving them freedom to choose health care benefits and insurance that align with their individual lifestyles.

Simplicity

Straightforward and easy-to-understand benefits. That's what Aetna provides to small employers and their employees. Member experiences will be enriched through user-friendly technology and online tools such as the Aetna Navigator™ self-service website and our DocFind® online provider directory.

Affordability

With Aetna's consumer choice plan designs, employers and their employees now have the option of how much to invest in monthly premiums versus out-of-pocket expenses. This puts consumers in the center of the health care equation.

Designed with small businesses in mind, Aetna is proud to offer its Aetna Product Suite, providing choice, simplicity and affordability.

Technology Solutions

Through Aetna's website (www.aetna.com) members have access to health information, resources and services designed to help them better manage their health.

Aetna Navigator™ — The Power to Help Members Manage Their Health

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

Aetna Navigator is a valuable online resource for personalized benefits and health information. Once registered for Aetna Navigator, members can:

- Review who is covered under their plan.
- Check claim status and view Claim Explanation of Benefits (EOB) statements.

- Estimate the costs of common health care services to better plan their expenses.
- Research the price of a drug and learn if there are less-costly alternatives.*
- Find health care professionals and facilities that participate in their plan.
- Request member ID cards.
- Print temporary member identification needed for a health care visit.
- View credible health information and news and more!

Estimate the Cost of Care Tools

Aetna's suite of interactive Web-based cost tools is designed to help members estimate the costs of health care services so they can plan for and take better charge of their health care expenses. Members have access to cost estimates for medical procedures, office visits, medical tests and diseases and conditions. They may also have access to two other cost tools depending on their Aetna coverage. Members enrolled in an Aetna Dental PPO or PPO Max Plan can access the dental procedures cost tool. Those with prescription drug coverage can use the prescription drugs cost tool.

Aetna Navigator is ready 24/7! Aetna members can go to www.aetna.com and select Aetna Navigator. If they haven't already, encourage them to register today by clicking on the Register Now! link.

DocFind®

Finding a participating doctor has never been easier with our DocFind online provider directory. Members can search for participating physicians, hospitals, pharmacies, dentists and eyewear providers. DocFind also allows members to search by zip code, miles willing to travel, city and state or county and state. Narrow the search by specialty, hospital

affiliation and/or languages spoken — all with a few clicks of a mouse.

When members find the provider they want, we can also help them get there with a map and driving directions. Best of all, DocFind is updated regularly and is available 24 hours a day, 7 days a week.

To request a paper directory, contact your broker or Aetna.

Aetna IntelliHealth® Website

Our award-winning health information website, www.intelihealth.com, is a premier provider of online consumer-based health, wellness and disease-specific information. In addition, members can search a drug database and register for condition-specific e-mails.

Aetna Voice Advantage®

The system enables employees to conduct many tasks by phone, such as checking claims, changing doctors and requesting ID cards.

Plan for Your Health

Plan for Your Health is a public education campaign focused on helping consumers understand the connection between health benefits and financial planning — particularly for women. The campaign's website, PlanforYourHealth.com, makes it easy for consumers to access credible tools and information, empowering them to make better health benefits and financial decisions to meet their present and future needs. The site includes:

- Useful tips on navigating health benefits and insurance in relation to overall financial well-being.
- Tools to figure out how important life changes will affect health benefits and insurance options.
- Information on choosing the best health benefits and insurance options for women and their families.

*If offered by their plan.

Special Programs

Our special programs* offer a wealth of features that complement our standard medical and dental coverage — including substantial savings on products and educational materials geared toward employees' special health needs. Read on to discover the many ways we can help employers and their employees stay healthy.

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

Dental Discount Program — there's more than one way to achieve a healthy smile. Through our discount program with Epic Industries, members will enjoy access to savings on oral health care products designed to help fight cavities. Epic dental products contain xylitol — a natural sweetener that helps reduce bacteria and fight tooth decay. Members can take advantage of discounts on Epic xylitol products such as gum, mints, tooth-

paste, mouthwash and sweeteners — to help keep their teeth and their smile, the best they can be. For more information visit

www.epicdental.com/aetna.

Fitness Program — members can enjoy special membership rates at participating fitness clubs contracted with GlobalFit™, as well as discounts on certain home exercise equipment and videos. Plus members may even try out the facility before joining.**

Eye Care Savings Program — the Vision One®*** discount program gives members special savings on eye exams (not covered under their base medical plan), contacts, frames, lenses and other eye care accessories. They'll have many locations to choose from, such as Sears Optical, JCPenney Optical, Target Optical, participating Pearle Vision Centers and other participating vision professionals.

Members also receive:

- A contact lens mail-order replacement service through Contacts Direct.
- Discount off the surgeon's fees for LASIK eye surgery.
- 20 percent discount off retail prices on vision-related items when purchased at a Cole Managed Vision provider.

- Access to Aetna Navigator, our online resource for checking claims status and locating eye care professionals quickly ... and easily.

Alternative Health Care Programs — reduced rates on alternative therapies for members, including visits to acupuncturists, chiropractors, massage therapists and nutritional counselors. Save on many health-related products, including aromatherapy and natural body care, through the National Products Program. Members can also save on over-the-counter vitamins and nutritional and herbal supplements through the Vitamin Advantage™ Program.

National Medical Excellence Program® — when Aetna members face difficult or life-threatening situations such as organ transplants, Aetna's National Medical Excellence Program (NME) coordinates care and provides access to covered treatment through our Institutes of Excellence™ network. The program also coordinates specialized treatment for members with certain rare or complicated conditions and assists members who are admitted to the hospital for emergency medical care when they are traveling temporarily outside of the United States. Except for emergency medical care as described above, services under this program must be preauthorized. A listing of facilities in our Institutes of Excellence network can be found in DocFind at www.aetna.com.



Cancer Screening Programs* — remind age-eligible HMO and POS members to schedule periodic cancer screenings. Reminders are for breast and cervical cancer screenings, as well as colorectal cancer screenings.

Informed Health® Line — members can get answers to their health questions anytime ... day or night. Our 24-hour, toll-free Informed Health Line offers access to a team of registered nurses who can provide information on a variety of health issues. Members can also listen to our audio Health Library, a recorded collection of more than 2,000 health topics in English and Spanish.

Healthy Outlook Program®* — our disease management programs offer access to case management, education and other services for members with chronic health conditions such as asthma, diabetes, chronic heart failure and coronary artery disease.

Women's Health Programs — focus specifically on the health care needs of women. Programs include:

- Our Moms-to-Babies® Maternity Management Program, which offers information and services to expectant mothers including care coordination by obstetrical nurses experienced in preterm labor education, breastfeeding support and more.

- Our Breast Health Education Center, which offers information and services dedicated to breast health, including our Breast Cancer Case Management Program, confidential genetic testing for breast and ovarian cancer, our Breast Health website and more.
- Infertility case management and education.*

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

** Not available at all clubs.

*** Vision One is a registered trademark of Cole Managed Vision.

Check out our website at www.aetna.com today. With just a few clicks, you can receive additional product information, download brochures and more.

Provider Network

Extensive Physician Network

The Texas provider network has more than 29,000 physicians and hospitals:

- HMO Network = 22,198*
doctors and hospitals
- OA POS Network = 29,353*
doctors and hospitals
- PPO Network = 29,441*
doctors and hospitals

PPO NETWORK ●

HMO/OAPOS/PPO NETWORK ▲

| A | C (cont.) | G (cont.) | K (cont.) | N | S (cont.) |
|-----------------|------------------|------------------|------------------|-----------------|------------------|
| Anderson ● | Comanche ● | Gonzales ● | Kaufman ▲ | Nacogdoches ● | Stonewall ● |
| Andrews ● | Concho ● | Gray ● | Kendall ▲ | Navarro ▲ | Swisher ● |
| Angelina ● | Cooke ▲ | Grayson ▲ | Kenedy ● | Newton ● | |
| Aransas ▲ | Cottle ● | Gregg ● | Kent ● | Nueces ▲ | T |
| Archer ● | Crane ● | Grimes ▲ | Kerr ● | | Tarrant ▲ |
| Armstrong ● | Crosby ● | Guadalupe ▲ | Kimble ● | O | Taylor ● |
| Atascosa ▲ | | | King ● | Ochiltree ● | Terry ● |
| Austin ▲ | D | H | Kinney ● | Oldham ● | Throckmorton ● |
| | Dallam ● | Hale ● | Kleberg ▲ | Orange ▲ | Titus ● |
| B | Dallas ▲ | Hall ● | Knox ● | | Tom Green ● |
| Bailey ● | Dawson ● | Hamilton ● | | P | Travis ▲ |
| Bandera ● | De Witt ● | Hansford ● | L | Palo Pinto ▲ | Trinity ● |
| Bastrop ▲ | Delta ▲ | Hardin ▲ | La Salle ● | Panola ● | Tyler ● |
| Baylor ● | Deaf Smith ● | Harris ▲ | Lamar ● | Parker ▲ | |
| Bee ● | Denton ▲ | Harrison ● | Lamb ● | Parmer ● | U |
| Bell ● | Dickens ● | Hartley ● | Lavaca ● | Polk ● | Upshur ● |
| Bexar ▲ | Dimmit ● | Haskell ● | Lee ● | Potter ● | Upton ● |
| Blanco ● | Donley ● | Hays ▲ | Leon ● | | Uvalde ● |
| Borden ● | Duval ▲ | Hemphill ● | Liberty ▲ | R | |
| Bosque ● | | Henderson ▲ | Limestone ● | Rains ▲ | V |
| Brazoria ▲ | E | Hidalgo ● | Lipscomb ● | Randall ● | Van Zandt ▲ |
| Brazos ● | Ector ● | Hill ▲ | Live Oak ▲ | Real ● | Victoria ● |
| Briscoe ● | Edwards ● | Hockley ● | Llano ● | Red River ● | |
| Brooks ● | El Paso ▲ | Hood ▲ | Lubbock ● | Refugio ● | W |
| Brown ● | Ellis ▲ | Hopkins ▲ | Lynn ● | Roberts ● | Walker ▲ |
| Burleson ● | Erath ▲ | Houston ● | | Robertson ● | Waller ▲ |
| Burnet ● | | Howard ● | M | Rockwall ▲ | Washington ● |
| | F | Hunt ▲ | Madison ● | Runnels ● | Webb ● |
| C | Falls ● | Hutchinson ● | Marion ● | Rusk ● | Wharton ▲ |
| Caldwell ▲ | Fannin ▲ | | Martin ● | | Wheeler ● |
| Calhoun ● | Fayette ● | I | Mason ● | S | Wichita ● |
| Cameron ● | Fisher ● | Irion ● | Matagorda ▲ | Sabine ● | Wilbarger ● |
| Camp ● | Floyd ● | | Maverick ● | San Augustine ● | Willacy ● |
| Carson ● | Foard ● | J | McLennan ● | San Jacinto ▲ | Williamson ▲ |
| Castro ● | Fort Bend ▲ | Jack ● | Medina ● | San Patricio ▲ | Wilson ▲ |
| Chambers ▲ | Franklin ● | Jackson ● | Menard ● | San Saba ● | Wise ▲ |
| Cherokee ● | Freestone ● | Jasper ● | Midland ● | Schleicher ● | Wood ● |
| Childress ● | Frio ● | Jim Hogg ● | Milam ● | Scurry ● | |
| Clay ● | | Jefferson ▲ | Mills ● | Shackelford ● | Y |
| Cochran ● | G | Jim Wells ▲ | Mitchell ● | Shelby ● | Yoakum ● |
| Coke ● | Gaines ● | Johnson ▲ | Montague ● | Sherman ● | Young ● |
| Coleman ● | Galveston ▲ | Jones ● | Montgomery ▲ | Smith ● | |
| Collin ▲ | Garza ● | | Moore ● | Somervell ▲ | Z |
| Collingsworth ● | Gillespie ● | K | Morris ● | Starr ● | Zapata ● |
| Colorado ▲ | Glasscock ● | Karnes ● | | Stephens ● | Zavala ● |
| Comal ▲ | Goliad ● | | | Sterling ● | |

* According to the Aetna Enterprise Database as of December 1, 2005. Network subject to change.

Medical Plan Overview

Aetna PPO Plan

The Aetna PPO insurance plan offers members the freedom to go directly to any recognized provider for covered services, including specialists. No referrals are required.

- Emergency care coverage anywhere, anytime, 24 hours a day.
- Large provider network.
- No claim forms in-network.
- If members choose a provider from Aetna's network of participating physicians and hospitals, out-of-pocket costs will be lower.
- If members choose a physician or hospital outside of the network, out-of-pocket costs will be higher, except for emergency treatment.

Consumer-directed Health Plans (CDH)

Consumer-directed health plans increase flexibility, control and choice for the employer and the employee by putting consumers in the center of the health care equation. Aetna offers the following insurance plan option.

Aetna High Deductible PPO Plan (HSA-Compatible)

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

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

See page 9 for more details on the Aetna HealthFund® Health Savings Account.

Aetna Open Access POS Plan

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

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

- Select and visit their participating physician of primary care and pay the plan's copayment for covered benefits.
- Go directly to any specialist from within Aetna's network of providers and pay the applicable specialist copayment for covered benefits.
- Go directly to any licensed out-of-network physician, subject to payment of a deductible and coinsurance.
- Large provider networks.



Aetna QPOS Plan

Freedom to select providers.

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

The Aetna QPOS Plan provides:

- Flexibility to self-refer. Physician of primary care election is required to access preferred benefits.
- No lifetime dollar maximums in-network.
- Large provider networks.
- Members encouraged to choose a physician of primary care from Aetna's network of participating providers.
- Members visit a physician of primary care for routine care or for injury or illness; members pay applicable copay each time covered benefits are accessed within the network with a physician of primary care referral.
- Members may visit any out-of-network licensed provider, without a physician of primary care referral for a covered benefit; members share the cost of care through deductible/coinsurance.

Aetna HMO Plan

Members access care through Primary Care Physicians.

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

The Aetna HMO Plan provides:

- Large provider networks.
- Low out-of-pocket costs.
- No claim forms.
- Member's PCP coordinates his or her covered health care services.
- Emergency care coverage anywhere, anytime, 24 hours a day.
- No lifetime dollar maximums.
- Referral is required for most services not administered by the PCP and inpatient hospital care.
- Direct access to some specialists, like Ob/Gyn.

Aetna Indemnity Plan

This insurance plan option is available for employees who live outside of the network plan's service area.

- Individual coordinates his or her own health care.
- No PCP required.
- No referral required.
- Members can access any recognized physician or hospital for covered services.
- Employer may offer a PPO plan to in-area employees and the Indemnity plan to out-of-area employees.
- Deductibles and coinsurance apply.
- Annual and lifetime maximums may apply.
- No network providers.
- Members are responsible for paying provider directly and submitting claims for reimbursement.

A Way to Manage Health and Health Care Expenses

The Aetna HealthFund® Health Savings Account (HSA) and HSA-Compatible High Deductible Health Benefits and Insurance Plans

Aetna offers powerful resources and information to help members take control of their health care and make the most of their benefit dollars. The Aetna HealthFund HSA, when coupled with an HSA-Compatible High Deductible Health Benefits and Insurance Plan, is a tax-advantaged savings account. Once enrolled, the HSA can be used to pay for qualified expenses (e.g., medical, dental and prescription drug).

Aetna is extending availability of the Aetna HealthFund HSA product to employers with 50 or fewer employees. Aetna will administer both the HSA-Compatible High Deductible Health Benefits and Insurance Plan and the HSA.

How to Establish a Health Savings Account

- Enroll in an Aetna HSA-Compatible High Deductible Health Benefits and Insurance Plan (HDHP).
- Sign up for the Aetna HealthFund HSA. Members can do this at any time once enrolled in the health benefits and insurance plan.
- Once enrolled in the HSA, account holders receive an HSA Welcome Kit.
- The employer, employee or an eligible family member - or any combination - may make HSA contributions up to the annual limit at any time throughout the year. Employers may make contributions to the account through regular payroll deductions, in a lump sum amount or via periodic contributions. Account contributions by the employer and/or employee may be tax-deductible (limits apply).

Why Choose an Aetna HealthFund HSA?

- > No set-up fees
- > No monthly administration fee
- > No withdrawal forms required
- > Convenient access to HSA funds via debit card or checkbook
- > Track HSA activity through Aetna Navigator™
- > 8 investment options available

How to Use the Account

- Account holders will be provided with an Aetna HSA Visa Debit Card. The account holder may also request a checkbook, for a fee.
- Use the HSA debit card for instant access to HSA dollars to pay for qualified out-of-pocket expenses quickly and easily.
- Members can also have the option to pay expenses out-of-pocket and let their HSA grow and earn interest for future qualified expenses, including certain retiree health expenses.
- Money left over in the account rolls over to the next year.
- If members have HSA questions, they are directed to contact Aetna Member Services.

Consumers looking for easy access, simplicity and a one-stop-shop can now have it all with Aetna!

MEDICAL PLANS

PLAN DESIGNS

| AETNA PLAN OPTIONS | Aetna PPO 500 | | Aetna PPO 1000 | | Aetna PPO 1500 | |
|---|---|--|---|--|---|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Out-of-Network Reimbursement Basis ¹ | N/A | Recognized | N/A | Recognized | N/A | Recognized |
| Referrals Required | No | N/A | No | N/A | No | N/A |
| Network | Open Choice | N/A | Open Choice | N/A | Open Choice | N/A |
| MEMBER BENEFITS² | | | | | | |
| Member Coinsurance (Applies to most services) | 20% | 40% | 20% | 40% | 20% | 40% |
| Calendar Year Deductible ³ | \$500 per member 3-member maximum | \$1,000 per member 3-member maximum | \$1,000 per member 3-member maximum | \$2,000 per member 3-member maximum | \$1,500 per member 3-member maximum | \$3,000 per member 3-member maximum |
| Coinsurance Maximum ⁴ (Deductible and certain payments do not apply) | \$2,000 per member 3-member maximum | \$4,000 per member 3-member maximum | \$3,000 per member 3-member maximum | \$6,000 per member 3-member maximum | \$3,500 per member 3-member maximum | \$7,000 per member 3-member maximum |
| Lifetime Maximum Benefit | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | |
| Nonspecialist (Primary Physician) Office Visit Copay/Coinsurance | \$20 deductible waived | 40% | \$30 deductible waived | 40% | \$35 deductible waived | 40% |
| Specialist Office Visit Copay/Coinsurance | \$30 deductible waived | 40% | \$40 deductible waived | 40% | \$45 deductible waived | 40% |
| Outpatient Lab and X-ray | 20% deductible waived | 40% | 20% deductible waived | 40% | 20% deductible waived | 40% |
| Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans) | 30% | 50% | 30% | 50% | 30% | 50% |
| Outpatient Physical, Occupational, Speech Therapy (Professional Charges)/ Chiropractic Services | 20% 20 visits per year Chiro/PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | 40% | 20% 20 visits per year Chiro/PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | 40% | 20% 20 visits per year Chiro/PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | 40% |
| Durable Medical Equipment | 50% \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | 50% | 50% \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | 50% | 50% \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | 50% |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$20 deductible waived | 40% | \$30 deductible waived | 40% | \$35 deductible waived | 40% |
| Routine GYN (Frequency schedules apply) | \$30 deductible waived | 40% | \$40 deductible waived | 40% | \$45 deductible waived | 40% |
| Inpatient Hospital | 20% | 40% | 20% | 40% | 20% | 40% |
| Outpatient Surgery | 20% | 40% | 20% | 40% | 20% | 40% |
| Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered) | 20% after \$150 copay deductible waived | Paid as In-Network | 20% after \$150 copay deductible waived | Paid as In-Network | 20% after \$150 copay deductible waived | Paid as In-Network |
| Urgent Care | \$50 deductible waived | 40% | \$50 deductible waived | 40% | \$50 deductible waived | 40% |
| Prescription Drugs (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply Mail Order: three times retail copay (31- to 90-day supply available) | \$15/\$30/\$45 | \$15/\$30/\$45 plus 30% | \$15/\$35/\$50 | Not Covered | \$15/\$40/\$60 | Not Covered |

¹ Payment for out-of-network facility care is determined based upon Aetna's allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a preferred provider. These charges are referred to in your plan documents as "reasonable" or "recognized" charges.

² Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

³ All services subject to deductible unless otherwise noted. All covered expenses accumulate separately toward the preferred and non-preferred deductible. Once three individual members of a family each satisfy their deductible separately, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

⁴ Payment for Rx, mental disorders, DME, substance abuse and copayments do not apply and continue to be payable by the member after maximum is achieved. All other covered expenses accumulate separately toward the preferred and nonpreferred coinsurance maximum. Three members must individually meet their coinsurance maximum before other family members will be considered to have met the maximum.

For a summary list of Limitations and Exclusions, refer to pages 28-29.

MEDICAL PLANS

PLAN DESIGNS

| AETNA PLAN OPTIONS | Aetna PPO 2000 | | Aetna PPO 2000 100% | | Aetna PPO 2500 | |
|---|--|---|---|---|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Out-of-Network Reimbursement Basis ¹ | N/A | Recognized | N/A | Recognized | N/A | Recognized |
| Referrals Required | No | N/A | No | N/A | No | N/A |
| Network | Open Choice | N/A | Open Choice | N/A | Open Choice | N/A |
| MEMBER BENEFITS² | | | | | | |
| Member Coinsurance (Applies to most services) | 20% | 50% | 0% | 30% | 30% | 50% |
| Calendar Year Deductible ³ | \$2,000 per member 3-member maximum | \$4,000 per member 3-member maximum | \$2,000 per member 3-member maximum | \$4,000 per member 3-member maximum | \$2,500 per member 3-member maximum | \$5,000 per member 3-member maximum |
| Coinsurance Maximum (Deductible and certain payments do not apply) | \$4,000 per member 3-member maximum ⁴ | \$8,000 per member 3-member maximum ⁴ | N/A | \$6,000 per member 3-member maximum ⁵ | \$4,500 per member 3-member maximum ⁴ | \$9,000 per member 3-member maximum ⁴ |
| Lifetime Maximum Benefit | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | |
| Nonspecialist (Primary Physician) Office Visit Copay/Coinsurance | \$40 deductible waived | 50% | \$35 deductible waived | 30% | \$50 deductible waived | 50% |
| Specialist Office Visit Copay/Coinsurance | \$50 deductible waived | 50% | \$45 deductible waived | 30% | \$50 deductible waived | 50% |
| Outpatient Lab and X-ray | 20% deductible waived | 50% | 0% | 30% | 30% deductible waived | 50% |
| Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans) | 30% | 50% | 0% | 30% | 40% | 50% |
| Outpatient Physical, Occupational, Speech Therapy (Professional Charges)/ Chiropractic Services | 20% 20 visits per year Chiro/PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | 50% | 0% 20 visits per year Chiro/PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | 30% | 30% 20 visits per year Chiro/PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | 50% 20 visits per year Chiro/PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined |
| Durable Medical Equipment | 50% \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | 50% | 0% \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | 30% | 50% \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | 50% |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$40 deductible waived | 50% | \$35 deductible waived | 30% | \$50 deductible waived | 50% |
| Routine GYN (Frequency schedules apply) | \$50 deductible waived | 50% | \$45 deductible waived | 30% | \$50 deductible waived | 50% |
| Inpatient Hospital | 20% | 50% | 0% | 30% | 30% | 50% |
| Outpatient Surgery | 20% | 50% | 0% | 30% | 30% | 50% |
| Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered) | 20% after \$150 copay deductible waived | Paid as In-Network | 0% after \$150 copay after deductible | Paid as In-Network | 30% after \$200 copay deductible waived | Paid as In-Network |
| Urgent Care | \$75 deductible waived | 50% | \$75 deductible waived | 30% | \$75 deductible waived | 50% |
| Prescription Drugs (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply Mail Order: three times retail copay (31- to 90-day supply available) | \$15/\$40/\$60 | Not Covered | \$15/\$35/\$50 | Not Covered | \$15/\$40/\$60 | Not Covered |

¹ Payment for out-of-network facility care is determined based upon Aetna's allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a preferred provider. These charges are referred to in your plan documents as "reasonable" or "recognized" charges.

² Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

³ All services subject to deductible unless otherwise noted. All covered expenses accumulate separately toward the preferred and non-preferred deductible. Once three individual members of a family each satisfy their deductible separately, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

⁴ Payment for Rx, mental disorders, DME, substance abuse and copayments do not apply and continue to be payable by the member after maximum is achieved. All other covered expenses accumulate separately toward the preferred and nonpreferred coinsurance maximum. Three members must individually meet their coinsurance maximum before other family members will be considered to have met the maximum.

⁵ Copayments and payment for Rx do not apply and continue to be payable by the member after maximum is achieved. All other covered expenses accumulate separately toward the preferred and non-preferred coinsurance maximum. Three members must individually meet their coinsurance maximum before other family members will be considered to have met the maximum.

For a summary list of Limitations and Exclusions, refer to pages 28-29.

| AETNA PLAN OPTIONS | Aetna PPO 3000 100% | | Aetna PPO 2100 (HSA-Compatible) | | Aetna PPO 2700 (HSA-Compatible) | |
|---|---|---|--|---|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Out-of-Network Reimbursement Basis ¹ | N/A | Recognized | N/A | Recognized | N/A | Recognized |
| Referrals Required | No | N/A | No | N/A | No | N/A |
| Network | Open Choice | N/A | Open Choice | N/A | Open Choice | N/A |
| MEMBER BENEFITS² | | | | | | |
| Member Coinsurance (Applies to most services) | 0% | 30% | 20% | 40% | 20% | 40% |
| Calendar Year Deductible | \$3,000 per member 3-member maximum ³ | \$5,000 per member 3-member maximum ³ | \$2,100 per member \$4,200 family ⁴ | \$4,000 per member \$8,000 family ⁴ | \$2,700 per member \$5,400 family ⁴ | \$4,000 per member \$8,000 family ⁴ |
| Coinsurance Maximum (Deductible and certain payments do not apply) | N/A | \$7,000 per member 3-member maximum ⁵ | \$3,100 per member \$6,200 family ⁶ | \$4,000 per member \$8,000 family ⁶ | \$2,500 per member \$5,000 family ⁶ | \$5,000 per member \$10,000 family ⁶ |
| Lifetime Maximum Benefit | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | |
| Nonspecialist (Primary Physician) Office Visit Copay/Coinsurance | \$40 deductible waived | 30% | 20% | 40% | 20% | 40% |
| Specialist Office Visit Copay/Coinsurance | \$40 deductible waived | 30% | 20% | 40% | 20% | 40% |
| Outpatient Lab and X-ray | 0% | 30% | 20% | 40% | 20% | 40% |
| Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans) | 0% | 30% | 30% | 50% | 30% | 50% |
| Outpatient Physical, Occupational, Speech Therapy (Professional Charges)/ Chiropractic Services | 0% | 30% | 20% | 40% | 20% | 40% |
| Durable Medical Equipment | 0% | 30% | 50% | 50% | 50% | 50% |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$40 deductible waived | 30% | \$30 deductible waived | 40% | \$30 deductible waived | 40% |
| Routine GYN (Frequency schedules apply) | \$40 deductible waived | 30% | \$30 deductible waived | 40% | \$30 deductible waived | 40% |
| Inpatient Hospital | 0% | 30% | 20% | 40% | 20% | 40% |
| Outpatient Surgery | 0% | 30% | 20% | 40% | 20% | 40% |
| Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered) | 0% after \$150 copay after deductible | Paid as In-Network | 20% | Paid as In-Network | 20% | Paid as In-Network |
| Urgent Care | \$75 deductible waived | 30% | 20% | 40% | 20% | 40% |
| Prescription Drugs (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply Mail Order: three times retail copay (31- to 90-day supply available) | \$15/\$40/\$60 | Not Covered | \$15/\$40/\$60 Integrated Medical & Pharmacy benefits | Not Covered | \$15/\$40/\$60 Integrated Medical & Pharmacy benefits | Not Covered |

¹ Payment for out-of-network facility care is determined based upon Aetna's allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a preferred provider. These charges are referred to in your plan documents as "reasonable" or "recognized" charges.

² Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

³ All services subject to deductible unless otherwise noted. All covered expenses accumulate separately toward the preferred and non-preferred deductible. Once three individual members of a family each satisfy their deductible separately, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

⁴ All services subject to deductible unless otherwise noted. All covered expenses accumulate separately toward the preferred and non-preferred deductible. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

⁵ Copayments and payment for Rx do not apply and continue to be payable by the member after maximum is achieved. All other covered expenses accumulate separately toward the preferred and non-preferred coinsurance maximum. Three members must individually meet their coinsurance maximum before other family members will be considered to have met the maximum.

⁶ All covered expenses accumulate separately toward the preferred and non-preferred coinsurance maximum. Once the family coinsurance maximum is met, all family members will be considered as having met the maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, refer to pages 28-29.

MEDICAL PLANS

PLAN DESIGNS

| AETNA PLAN OPTIONS | Aetna CDH PPO 4000 (HSA-Compatible) | | Aetna OA POS 1000 | | Aetna OA POS 1500 | |
|---|--|--|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Out-of-Network Reimbursement Basis ¹ | N/A | Recognized | N/A | Recognized | N/A | Recognized |
| Referrals Required | No | N/A | No | N/A | No | N/A |
| Network | Open Choice | N/A | HMO | N/A | HMO | N/A |
| MEMBER BENEFITS² | | | | | | |
| Member Coinsurance (Applies to most services) | 30% | 50% | 20% | 40% | 20% | 40% |
| Calendar Year Deductible | \$4,000 per member \$8,000 family ³ | \$5,000 per member \$10,000 family ³ | \$1,000 per member 3-member maximum ⁴ | \$2,000 per member 3-member maximum ⁴ | \$1,500 per member 3-member maximum ⁴ | \$3,000 per member 3-member maximum ⁴ |
| Out-of-Pocket/Coinsurance Maximum (Deductible and certain payments do not apply) | \$1,000 per member \$2,000 family ⁵ | \$5,000 per member \$10,000 family ⁵ | \$3,000 per member 3-member maximum ⁶ | \$6,000 per member 3-member maximum ⁶ | \$3,500 per member 3-member maximum ⁶ | \$7,000 per member 3-member maximum ⁶ |
| Lifetime Maximum Benefit | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | |
| Nonspecialist (Primary Physician) Office Visit Copay/Coinsurance | 30% | 50% | \$30 deductible waived | 40% | \$35 deductible waived | 40% |
| Specialist Office Visit Copay/Coinsurance | 30% | 50% | \$40 deductible waived | 40% | \$45 deductible waived | 40% |
| Outpatient Lab and X-ray | 30% | 50% | 20% deductible waived | 40% | 20% deductible waived | 40% |
| Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans) | 40% | 50% | 30% | 50% | 30% | 50% |
| Outpatient Physical, Occupational, Speech Therapy (Professional Charges)/Chiropractic Services (PPO only) | 30% | 50% | 20% | 40% | 20% | 40% |
| Durable Medical Equipment | 50% | 50% | 50% | 50% | 50% | 50% |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$35 deductible waived | 50% | \$30 deductible waived | 40% | \$35 deductible waived | 40% |
| Routine GYN (Frequency schedules apply) | \$35 deductible waived | 50% | \$40 deductible waived | 40% | \$45 deductible waived | 40% |
| Inpatient Hospital | 30% | 50% | 20% | 40% | 20% | 40% |
| Outpatient Surgery | 30% | 50% | 20% | 40% | 20% | 40% |
| Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered) | 30% | Paid as In-Network | 20% after \$150 copay deductible waived | Paid as In-Network | 20% after \$150 copay deductible waived | Paid as In-Network |
| Urgent Care | 30% | 50% | \$50 deductible waived | 40% | \$50 deductible waived | 40% |
| Prescription Drugs (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply Mail Order: three times retail copay (31- to 90-day supply available) | \$15/\$40/\$60 Integrated Medical & Pharmacy benefits | Not Covered | \$15/\$35/\$50 | Not Covered | \$15/\$40/\$60 | Not Covered |

¹ Payment for out-of-network facility care is determined based upon Aetna's allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a preferred provider. These charges are referred to in your plan documents as "reasonable" or "recognized" charges.

² Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

³ All services subject to deductible unless otherwise noted. All covered expenses accumulate separately toward the preferred and non-preferred deductible. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

⁴ Three members must individually meet their deductible before other family members will be considered to have met their deductible.

⁵ All covered expenses accumulate separately toward the preferred and non-preferred coinsurance maximum. Once the family coinsurance maximum is met, all family members will be considered as having met the maximum for the remainder of the calendar year.

⁶ Payments for deductible and Rx do not apply to out-of-pocket maximum and continue to be payable by the member after maximum is achieved. Three members must individually meet their out-of-pocket maximum before other family members will be considered to have met the maximum.

For a summary list of Limitations and Exclusions, refer to pages 28-29.

MEDICAL PLANS

PLAN DESIGNS

| AETNA PLAN OPTIONS | Aetna Open Access Choice POS 1500 100% | | Aetna Open Access Choice POS 2500 100% | | Aetna QPOS 20 | |
|---|--|--|--|--|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Out-of-Network Reimbursement Basis ¹ | N/A | Recognized | N/A | Recognized | N/A | Recognized |
| Referrals Required | No | N/A | No | N/A | Yes | N/A |
| Network | HMO | N/A | HMO | N/A | HMO | N/A |
| MEMBER BENEFITS² | | | | | | |
| Member Coinsurance (Applies to most services) | 0% | 30% | 0% | 30% | N/A | 30% |
| Calendar Year Deductible ³ | \$1,500 per member 3-member maximum | \$3,000 per member 3-member maximum | \$2,500 per member 3-member maximum | \$4,000 per member 3-member maximum | N/A | \$3,000 per member 3-member maximum |
| Out-of-Pocket Maximum ⁴ (Deductible and certain payments do not apply) | \$1,500 per member 3-member maximum | \$6,000 per member 3-member maximum | \$1,500 per member 3-member maximum | \$8,000 per member 3-member maximum | \$2,000 per member 3-member maximum | \$6,000 per member 3-member maximum |
| Lifetime Maximum Benefit | \$5,000,000 | | \$5,000,000 | | Unlimited | \$1,000,000 |
| Nonspecialist (Primary Physician) Office Visit Copay/Coinsurance | \$35 deductible waived | 30% | \$35 deductible waived | 30% | \$20 | 30% |
| Specialist Office Visit Copay/Coinsurance | \$45 deductible waived | 30% | \$45 deductible waived | 30% | \$30 | 30% |
| Outpatient Lab and X-ray | \$35 deductible waived | 30% | \$35 deductible waived | 30% | \$30 | 30% |
| Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans) | 0% | 30% | 0% | 30% | \$100 | 30% |
| Outpatient Physical, Occupational, Speech Therapy (Professional Charges) | 0% | 30% | 0% | 30% | \$30 | 30% |
| | 20 visits per year PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | | 20 visits per year PT/OT combined; 20 visits ST; In-Network and Out-of-Network combined | | | |
| Durable Medical Equipment | 0% | 30% | 0% | 30% | 50% | 50% |
| | \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | | \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | | \$2,000 per calendar year maximum; In-Network and Out-of-Network combined | |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$35 deductible waived | 30% | \$35 deductible waived | 30% | \$20 | 30% |
| Routine GYN (Frequency schedules apply) | \$45 deductible waived | 30% | \$45 deductible waived | 30% | \$30 | 30% |
| Inpatient Hospital | 0% | 30% | 0% | 30% | \$250 per day 3-day maximum | 30% |
| Outpatient Surgery | 0% | 30% | 0% | 30% | \$150 | 30% |
| Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered) | 0% after \$150 copay after deductible | Paid as In-Network | 0% after \$200 copay after deductible | Paid as In-Network | \$150 | Paid as In-Network |
| Urgent Care | \$75 deductible waived | 30% | \$75 deductible waived | 30% | \$50 | 30% |
| Prescription Drugs (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply Mail Order: three times retail copay (31- to 90-day supply available) | \$15/\$35/\$60 | Not Covered | \$15/\$40/\$60 | Not Covered | \$15/\$30/\$50 | \$15/\$30/\$50 plus 30% |

¹ Payment for out-of-network facility care is determined based upon Aetna’s allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a preferred provider. These charges are referred to in your plan documents as “reasonable” or “recognized” charges.

² Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

³ Three members must individually meet their deductible before other family members will be considered to have met their deductible.

⁴ Payments for deductible and Rx do not apply to out-of-pocket maximum and continue to be payable by the member after maximum is achieved. Three members must individually meet their out-of-pocket maximum before other family members will be considered to have met the maximum.

For a summary list of Limitations and Exclusions, refer to pages 28-29.

MEDICAL PLANS

PLAN DESIGNS

| AETNA PLAN OPTIONS | Aetna HMO 30 | Aetna HMO 40 | Aetna HMO 50 |
|---|--|---|---|
| | In-Network | In-Network | In-Network |
| Out-of-Network Reimbursement Basis | N/A | N/A | N/A |
| Referrals Required | Yes | Yes | Yes |
| Network | HMO | HMO | HMO |
| MEMBER BENEFITS¹ | | | |
| Member Coinsurance (Applies to most services) | N/A | N/A | N/A |
| Calendar Year Deductible ² | N/A | N/A | \$1,000 per member 3-member maximum |
| Out-of-Pocket Maximum ³ (Deductible and certain payments do not apply) | \$3,000 per member 3-member maximum | \$4,000 per member 3-member maximum | \$4,000 per member 3-member maximum |
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited |
| Physician of Primary Care Office Visit (office hours) Copay | \$30 copay | \$40 copay | \$50 copay deductible waived |
| Specialist Office Visit Copay | \$40 copay | \$50 copay | \$50 copay deductible waived |
| Outpatient Lab and X-ray | \$40 copay | \$50 copay | \$50 copay |
| Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans) | \$150 copay | \$200 copay | \$200 copay |
| Outpatient Physical, Occupational, Speech Therapy (Professional Charges) | \$40 copay | \$50 copay 20 visits per year PT/OT combined; 20 visits ST | \$50 copay 20 visits per year PT/OT combined; 20 visits ST |
| Durable Medical Equipment | 50% \$2,000 per calendar year maximum | 50% \$2,000 per calendar year maximum | 50% \$2,000 per calendar year maximum |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$30 copay | \$40 copay | \$25 copay deductible waived |
| Routine OB/GYN (Frequency schedules apply) | \$40 copay | \$50 copay | \$25 copay deductible waived |
| Inpatient Hospital | \$500 per day copay 3-day maximum | \$500 per day copay 5-day maximum | \$500 per day copay 5-day maximum |
| Outpatient Surgery | \$300 copay | \$500 copay | \$500 copay |
| Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered) | \$150 copay | \$200 copay | \$200 copay |
| Urgent Care | \$75 copay | \$75 copay | \$75 copay |
| Prescription Drugs (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply Mail Order: 3 times retail copay (31- to 90 day supply available) | \$15/\$30/\$60 | \$15/\$40/\$60 | \$20/\$40/\$60 |

¹ Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

² All services subject to deductible unless otherwise noted. Once three individual members of a family each satisfy their deductible separately, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

³ Payments for Rx, mental disorders, DME and substance abuse (if any) do not apply to out-of-pocket maximum and continue to be payable by the member after maximum is achieved. Three members must individually meet their out-of-pocket maximum before other family members will be considered to have met the maximum.

For a summary list of Limitations and Exclusions, refer to pages 28-29.

MEDICAL PLANS

PLAN DESIGNS

| AETNA PLAN OPTIONS | Aetna 50/50 Partnership | | Aetna Basic PPO 1500 | | Aetna Indemnity |
|---|--|---|--|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Out-of-Network Reimbursement Basis ¹ | N/A | Recognized | N/A | Recognized | N/A |
| Referrals Required | No | N/A | No | N/A | N/A |
| Network | Open Choice | N/A | Open Choice | N/A | N/A |
| MEMBER BENEFITS² | | | | | |
| Member Coinsurance (Applies to most services) | 50% | 50% | 20% | 50% | 30% |
| Calendar Year Deductible | \$1,500 per member 3-member maximum ³ | \$3,000 per member 3-member maximum ³ | \$1,500 per member 3-member maximum ³ | \$3,000 per member 3-member maximum ³ | \$1,000 per member 3-member maximum ⁴ |
| Coinsurance Maximum (Deductible and certain payments do not apply) | \$5,000 per member 3-member maximum ⁵ | \$10,000 per member 3-member maximum ⁵ | \$5,000 per member 3-member maximum ⁵ | \$10,000 per member 3-member maximum ⁵ | \$1,000 per member 3-member maximum ⁶ |
| Lifetime Maximum Benefit | \$25,000 (annual max per person) | | \$5,000,000 | | \$5,000,000 |
| Nonspecialist (Primary Physician) Office Visit Copay/Coinsurance | 50% | 50% | \$35 deductible waived 3 office visits per member per year at copay, specialist and non-specialist combined, in-network and out-of-network combined. May be used for preventive care, illness or injury. Any visits over 3 are subject to the deductible and coinsurance. | 50% | 30% |
| Specialist Office Visit Copay/Coinsurance | 50% | 50% | See Nonspecialist Office Visit | | 30% |
| Outpatient Lab and X-ray | 50% | 50% | 20% up to \$500 annual max per member, lab and x-ray combined, in-network and out-of-network combined. | | 30% |
| Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans) | 50% | 50% | Not Covered | Not Covered | 40% |
| Outpatient Physical, Occupational, Speech Therapy (Professional Charges)/Chiropractic Services | 50% | 50% | See Nonspecialist Office Visit | | Chiropractic Services: Not covered PT/OT/ST: 30%; 20 visits per year PT/OT combined, 20 visits ST |
| Durable Medical Equipment | 50% | 50% | Not Covered | Not Covered | 50%; \$2,000 per calendar year maximum |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$35 deductible waived | 50% | See Nonspecialist Office Visit | 50% | 30% |
| Routine GYN (Frequency schedules apply) | \$35 deductible waived | 50% | See Nonspecialist Office Visit | 50% | 30% |
| Inpatient Hospital | 50% | 50% | 20% | 50% | 30% |
| Outpatient Surgery | 50% | 50% | 20% | 50% | 30% |
| Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered) | 50% | Paid as In-Network | 20% | Paid as In-Network | 30% |
| Urgent Care | 50% | 50% | 20% | 50% | 30% |
| Prescription Drugs (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply Mail Order: three times retail copay (31- to 90-day supply available) | \$15/50%/50% Integrated Medical & Pharmacy benefits | Not Covered | \$15/50%/50% Integrated Medical & Pharmacy benefits | Not Covered | \$15/\$25/\$40 after \$100 per member brand calendar year deductible |

¹ Payment for out-of-network facility care is determined based upon Aetna's allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a preferred provider. These charges are referred to in your plan documents as "reasonable" or "recognized" charges.

² Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

³ All services subject to deductible unless otherwise noted. All covered expenses accumulate separately toward the preferred and non-preferred deductible. Once three individual members of a family each satisfy their deductible separately, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

⁴ All services subject to deductible unless otherwise noted. Once three individual members of a family each satisfy their deductible separately, all family members will be considered as having met their deductible for the remainder of the calendar year. Coinsurance applies after the deductible is met.

⁵ Copayments do not apply and continue to be payable by the member after maximum is achieved. All other covered expenses accumulate separately toward the preferred and non-preferred coinsurance maximum. Three members must individually meet their coinsurance maximum before other family members will be considered to have met the maximum.

⁶ Payment for Rx, DME and substance abuse do not apply and continue to be payable by the member after maximum is achieved. Three members must individually meet their coinsurance maximum before other family members will be considered to have met the maximum.

MEDICAL PLANS

OUT-OF-STATE PLAN DESIGNS

| AETNA PLAN OPTIONS | Out of State PPO \$250 | | Out of State PPO \$500 | | Out of State PPO \$1,000 | | Out-of-State Traditional Choice® |
|--|---|--|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Out-of-Network Reimbursement Basis ¹ | N/A | Usual & Customary | N/A | Usual & Customary | N/A | Usual & Customary | N/A |
| Referrals Required | No | N/A | No | N/A | No | N/A | N/A |
| Network | Open Choice | N/A | Open Choice | N/A | Open Choice | N/A | N/A |
| MEMBER BENEFITS² | | | | | | | |
| Member Coinsurance (Applies to most services) | 10% | 30% | 20% | 40% | 20% | 40% | 20% |
| Calendar Year Deductible | \$250 per member \$500 family | \$500 per member \$1,000 family | \$500 per member \$1,000 family | \$1,000 per member \$2,000 family | \$1,000 per member \$3,000 family | \$2,000 per member \$6,000 family | \$500 per member \$1,500 family |
| Coinsurance Maximum (Deductible and certain payments do not apply) | \$1,000 per member \$2,000 family | \$2,000 per member \$4,000 family | \$2,000 per member \$4,000 family | \$4,000 per member \$8,000 family | \$2,500 per member \$7,500 family | \$5,000 per member \$15,000 family | \$2,000 per member \$6,000 family |
| Lifetime Maximum Benefit | Unlimited | | Unlimited | | Unlimited | | Unlimited |
| Primary Physician Office Visit Copay/Coinsurance | \$15 copay (deductible waived) | 30% | \$20 copay (deductible waived) | 40% | \$25 copay (deductible waived) | 40% | 20% |
| Specialist Office Visit Copay/Coinsurance | \$15 copay (deductible waived) | 30% | \$20 copay (deductible waived) | 40% | \$40 copay (deductible waived) | 40% | 20% |
| Chiropractic Services | 10% \$1,000 calendar year max | 30% | 20% \$1,000 calendar year max | 40% | 20% \$1,000 calendar year max | 40% | 20% \$1,000 calendar year max |
| Outpatient Lab and X-ray | 10% | 30% | 20% | 40% | 20% | 40% | 20% |
| Outpatient Physical, Occupational, Speech Therapy | 10% | 30% | 20% | 40% | 20% | 40% | 20% |
| Routine Physical Exams (Adults) and Well-Child Exams (Age and frequency schedules apply) | \$15 copay (deductible waived) | 30% | \$20 copay (deductible waived) | 40% | Applicable office visit copay (deductible waived) | 40% | 0% (deductible waived) |
| Routine GYN (Frequency schedules apply) | \$15 copay (deductible waived) | 30% | \$20 copay (deductible waived) | 40% | Applicable office visit copay (deductible waived) | 40% | 0% (deductible waived) |
| Inpatient Hospital | 10% | 30% after \$500 copay per admission | 20% after \$100 copay per admission | 40% after \$500 copay per admission | 20% after \$250 copay per admission | 40% after \$500 copay per admission | 20% after \$250 copay per admission |
| Outpatient Surgery | 10% | 30% | 20% | 40% | 20% | 40% | 20% |
| Emergency Room (Copay waived if admitted) | 10% after \$75 copay (deductible waived) | 10% after \$75 copay (deductible waived) | 20% after \$75 copay (deductible waived) | 20% after \$75 copay (deductible waived) | 20% after \$75 copay (deductible waived) | 20% after \$75 copay (deductible waived) | 20% |
| Urgent Care | 10% | 30% | 20% | 40% | 20% | 40% | 20% |
| Prescription Drugs (Generic formulary and non-formulary/brand formulary/brand non-formulary) Retail: per 30-day supply Mail Order: two times retail copay (31- to 60-day supply available) | \$10/\$20/\$35 after \$100 Single/\$300 Family brand and non-formulary deductible | \$10/\$20/\$35 plus 20% of submitted cost after \$100 Single/\$300 Family brand and non-formulary deductible | \$10/\$20/\$35 after \$100 Single/\$300 Family brand and non-formulary deductible | \$10/\$20/\$35 plus 20% of submitted cost after \$100 per member deductible | \$10/\$20/\$35 after \$100 Single/\$300 Family brand and non-formulary deductible | \$10/\$20/\$35 plus 20% of submitted cost after \$100 per member deductible | 20% of submitted cost after deductible for all covered prescriptions. Integrated Medical/Rx deductible. |

¹ Payment for out-of-network care is determined based upon the lowest of the provider's usual charge for furnishing it or the charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made. These charges are referred to in your plan documents as "reasonable" or "recognized" charges.

² Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

For a summary list of Limitations and Exclusions, refer to pages 28-29.



Dental

With a variety of plan options to choose from, employers will now be able to offer employees a dental benefits and insurance plan to meet their needs, with rates that will give them a reason to smile. Choose from the dental benefits and insurance plan that works best from among six plan options consisting of various DMO, PDN and Indemnity plan designs and packages.

Scheduled Indemnity Plan (Option 1)

Members can choose any licensed dentist for services and pay deductibles and coinsurance up to an annual maximum. Members can be balance billed and may be required to file claims.

The Dental Maintenance Organization (DMO®) Plan (Options 2 and 3)

Offered as a coinsurance plan with two different coverage levels, depending upon the plan option. 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 may 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.

Participating Dental Network (PDN) Plan (Options 3 – 6)

Members have the choice of using a dentist who participates in Aetna's network or choosing a licensed dentist who is not in the network. Participating dentists have agreed to offer members services at a negotiated rate and will not balance bill members.

PDN Max Plan (Options 3 and 4)

The PDN Max Plan uses the same PDN network. When members use out-of-network dentists, however, the service will be covered based on the PDN fee schedule, rather than the reasonable-and-customary charge. This means that the member will share in more of the costs and will be balance billed. This plan design enables your customer to offer members a quality plan with a significantly lower premium that encourages in-network usage.

Freedom-of-Choice Plan Design (Option 3)

Get maximum flexibility with our two-in-one dental plan design. The Freedom-of-Choice plan design provides the administrative ease of one plan, yet members get to choose between the DMO and PDN Max 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.

PLAN DESIGNS

| Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees Available without an Aetna Medical Plan (Dental Standalone) to Groups with 10 – 50 Eligible Employees | | | | | |
|--|---------------------|--------------------|--|------------------------|------------------------|
| | Plan Option 1 | Plan Option 2 | Plan Option 3 Freedom-of-Choice — Monthly selection between the DMO and the PDN Max | | Plan Option 4 |
| MEMBER BENEFITS | Per schedule | DMO Plan 100/80/50 | DMO Plan 100/90/60 | PDN Max Plan 100/70/40 | PDN Max Plan 100/80/50 |
| Office Visit Copay | N/A | \$5 | \$5 | N/A | N/A |
| Annual Deductible Per Member (Does not apply to Diagnostic & Preventive Services) | \$75; 3x family max | None | None | \$50; 3x family max | \$50; 3x family max |
| Annual Maximum Benefit | \$1,000 | Unlimited | Unlimited | \$1,000 | \$1,000 |
| DIAGNOSTIC SERVICES | | | | | |
| Oral Exams | | | | | |
| Periodic oral exam | \$13 | 100% | 100% | 100% | 100% |
| Comprehensive oral exam | \$22 | 100% | 100% | 100% | 100% |
| Problem-focused oral exam | \$43 | 100% | 100% | 100% | 100% |
| X-rays | | | | | |
| Bitewing — single film | \$7 | 100% | 100% | 100% | 100% |
| Complete series | \$41 | 100% | 100% | 100% | 100% |
| PREVENTIVE SERVICES | | | | | |
| Adult cleaning | \$29 | 100% | 100% | 100% | 100% |
| Child cleaning | \$22 | 100% | 100% | 100% | 100% |
| Sealants — per tooth | \$18 | 100% | 100% | 100% | 100% |
| Fluoride application — with cleaning | \$27 | 100% | 100% | 100% | 100% |
| Space maintainers | \$60 | 100% | 100% | 100% | 100% |
| BASIC SERVICES | | | | | |
| Amalgam filling — 2 surfaces | \$29 | 80% | 90% | 70% | 80% |
| Resin filling — 2 surfaces anterior | \$33 | 80% | 90% | 70% | 80% |
| Oral Surgery | | | | | |
| Extraction — exposed root or erupted tooth | \$19 | 80% | 90% | 70% | 80% |
| Extraction of impacted tooth — soft tissue | \$51 | 80% | 90% | 70% | 80% |
| MAJOR SERVICES^{1,2} | | | | | |
| Complete upper denture | \$220 | 50% | 60% | 40% | 50% |
| Partial upper denture (resin base) | \$180 | 50% | 60% | 40% | 50% |
| Crown — Porcelain with noble metal | \$180 | 50% | 60% | 40% | 50% |
| Pontic — Porcelain with noble metal | \$170 | 50% | 60% | 40% | 50% |
| Inlay — Metallic (3 or more surfaces) | \$177 | 50% | 60% | 40% | 50% |
| Oral Surgery | | | | | |
| Removal of impacted tooth — partially bony | \$66 | 50% | 60% | 40% | 50% |
| Endodontic Services | | | | | |
| Bicuspid root canal therapy | \$140 | 80% | 90% | 40% | 50% |
| Molar root canal therapy | \$167 | 50% | 60% | 40% | 50% |
| Periodontic Services | | | | | |
| Scaling & root planing — per quadrant | \$39 | 80% | 90% | 40% | 50% |
| Osseous surgery — per quadrant | \$183 | 50% | 60% | 40% | 50% |
| ORTHODONTIC SERVICES^{1,2} | | | | | |
| Orthodontic Lifetime Maximum | Does not apply | Does not apply | Does not apply | Does not apply | Does not apply |

¹ Coverage Waiting Period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service, including Orthodontic Services. Does not apply to the DMO in Plan Options 2 and 3.

² Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Plan Options 3 and 4; PDN 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.

Access to negotiated discounts; on the PDN plans in Plan Options 3 – 6, members are eligible to receive noncovered services at the PDN negotiated rate when visiting a participating PDN dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are not covered as Basic Services on the DMO in Plan Options 2 & 3.

The DMO in Plan Option 2 can be offered with any one of the plans in Plan Options 1, 4, 5 or 6 in a Dual Option package.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 29.

DENTAL PLANS

PLAN DESIGNS

Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees
Available without an Aetna Medical Plan (Dental Standalone) to Groups with 10 – 50 Eligible Employees

| | Plan Option 5 | Plan Option 6 |
|---|------------------------|------------------------|
| MEMBER BENEFITS | PDN Plan 100/80/50 | PDN Plan 100/80/50 |
| Office Visit Copay | N/A | N/A |
| Annual Deductible Per Member (Does not apply to Diagnostic & Preventive Services) | \$50; 3x family max | \$50; 3x family max |
| Annual Maximum Benefit | \$1,000 | \$1,500 |
| DIAGNOSTIC SERVICES | | |
| Oral Exams | | |
| Periodic oral exam | 100% | 100% |
| Comprehensive oral exam | 100% | 100% |
| Problem-focused oral exam | 100% | 100% |
| X-rays | | |
| Bitewing — single film | 100% | 100% |
| Complete series | 100% | 100% |
| PREVENTIVE SERVICES | | |
| Adult cleaning | 100% | 100% |
| Child cleaning | 100% | 100% |
| Sealants — per tooth | 100% | 100% |
| Fluoride application — with cleaning | 100% | 100% |
| Space maintainers | 100% | 100% |
| BASIC SERVICES | | |
| Amalgam filling — 2 surfaces | 80% | 80% |
| Resin filling — 2 surfaces anterior | 80% | 80% |
| Oral Surgery | | |
| Extraction — exposed root or erupted tooth | 80% | 80% |
| Extraction of impacted tooth — soft tissue | 80% | 80% |
| MAJOR SERVICES^{1,2} | | |
| Complete upper denture | 50% | 50% |
| Partial upper denture (resin base) | 50% | 50% |
| Crown — Porcelain with noble metal | 50% | 50% |
| Pontic — Porcelain with noble metal | 50% | 50% |
| Inlay — Metallic (3 or more surfaces) | 50% | 50% |
| Oral Surgery | | |
| Removal of impacted tooth — partially bony | 50% | 50% |
| Endodontic Services | | |
| Bicuspid root canal therapy | 50% | 50% |
| Molar root canal therapy | 50% | 50% |
| Periodontic Services | | |
| Scaling & root planing — per quadrant | 50% | 50% |
| Osseous surgery — per quadrant | 50% | 50% |
| ORTHODONTIC SERVICES^{1,2} | | |
| Orthodontic Lifetime Maximum | \$1,000 | \$1,000 |

¹ Coverage Waiting Period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service, including Orthodontic Services. Does not apply to the DMO in Plan Options 2 and 3.

² Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Plan Options 3 and 4; PDN 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.

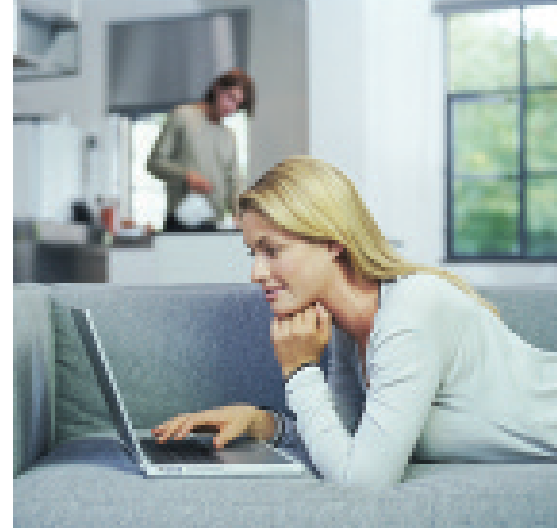
Access to negotiated discounts; on the PDN plans in Plan Options

3 – 6, members are eligible to receive noncovered services at the PDN negotiated rate when visiting a participating PDN dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are not covered as Basic Services on the DMO in Plan Options 2 & 3.

The DMO in Plan Option 2 can be offered with any one of the plans in Plan Options 1, 4, 5 or 6 in a Dual Option package.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 29.



DENTAL PLANS

OUT-OF-STATE PLAN DESIGNS (Available only to employees residing outside of Texas)

| Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees Available without an Aetna Medical Plan (Dental Standalone) to Groups with 10 – 50 Eligible Employees | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| | PPO 1000 No Ortho | PPO 1000 Ortho | PPO 1500 No Ortho | PPO 1500 Ortho |
| MEMBER BENEFITS | PPO Max Plan 100/80/50 | PPO Max Plan 100/80/50 | PPO Max Plan 100/80/50 | PPO Max Plan 100/80/50 |
| Office Visit Copay | N/A | N/A | N/A | N/A |
| 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 | \$1,000 | \$1,000 | \$1,500 | \$1,500 |
| 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 — with cleaning | 100% | 100% | 100% | 100% |
| Space maintainers | 100% | 100% | 100% | 100% |
| BASIC SERVICES | | | | |
| Amalgam filling — 2 surfaces | 80% | 80% | 80% | 80% |
| Resin filling — 2 surfaces anterior | 80% | 80% | 80% | 80% |
| Oral Surgery | | | | |
| Extraction — exposed root or erupted tooth | 80% | 80% | 80% | 80% |
| Extraction of impacted tooth — soft tissue | 80% | 80% | 80% | 80% |
| MAJOR SERVICES^{1,2} | | | | |
| Complete upper denture | 50% | 50% | 50% | 50% |
| Partial upper denture (resin base) | 50% | 50% | 50% | 50% |
| Crown — Porcelain with noble metal | 50% | 50% | 50% | 50% |
| Pontic — Porcelain with noble metal | 50% | 50% | 50% | 50% |
| Inlay — Metallic (3 or more surfaces) | 50% | 50% | 50% | 50% |
| Oral Surgery | | | | |
| Removal of impacted tooth — partially bony | 50% | 50% | 50% | 50% |
| Endodontic Services | | | | |
| Bicuspid root canal therapy | 50% | 50% | 50% | 50% |
| Molar root canal therapy | 50% | 50% | 50% | 50% |
| Periodontic Services | | | | |
| Scaling & root planing — per quadrant | 50% | 50% | 50% | 50% |
| Osseous surgery — per quadrant | 50% | 50% | 50% | 50% |
| ORTHODONTIC SERVICES^{1,2} | | | | |
| Orthodontic Lifetime Maximum | Does not apply | \$1,000 | Does not apply | \$1,000 |

¹ Coverage Waiting Period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service, including Orthodontic Services.

² Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Access to negotiated discounts; on all PPO Max plans, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

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.

For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Montana, North Dakota, New Hampshire, New Mexico, South Dakota and Wyoming. Out-of-state employees in these states will receive a comparable Indemnity Dental Plan. The above list of covered services is representative. A 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 29.

Aetna Life and Disability Insurance

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

Life insurance customers have access to free investment planning services through an arrangement with Chase Bank, New York. The program is available to all beneficiaries regardless of their benefit payout and provides investment planning counseling from a Chase Financial Consultant through a toll-free number.

Aetna's Legal Reference Program* offers free information on living wills and health care directives and access to basic will preparation services to plan members through an arrangement with ARAG, North America Inc.

Life Insurance

Life insurance is an inexpensive way to provide a death benefit for employees that will help them establish essential financial protection for themselves and their families. Aetna offers a wide range of flat dollar insurance options for basic employee term life insurance with rates guaranteed not to increase for a period of two years from the policy's effective date. Aetna Small Group life insurance plans automatically come with many value-added features including:

- **Accelerated Death Benefits** — Also called the “living benefit,” provides payment to terminally ill employees or spouses. The payment can be up to 50% of the life insurance benefit (minimum of \$5,000).
- **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 because of an illness or injury prior to age 60.
- **Guaranteed Issue** — For Basic Term Life, coverage is individually “guaranteed issue” up to \$20,000 for groups with 2-9 eligible employees, \$75,000 for groups of 10-25 eligible employees and \$100,000 for groups of 26-50 eligible employees. For Packaged Life/Disability, the guaranteed issue amounts for groups of 2-50 eligible

employees are \$10,000 for the Low Option and \$20,000 for the Medium Option. For the High Option, the guaranteed issue amount is \$20,000 for groups of 2-9 eligible employees and \$50,000 for groups of 10-50 eligible employees.

- **Optional Dependent Life Insurance** — Ability to add optional additional coverage for eligible spouses and children for employers with 10 or more employees. This employee paid benefit enables employees to cover their spouses and dependent children at flat amounts at employee expense.
- **Aetna Beneficiary Solutions™ Program*** — A program that provides an interest-bearing account, customized investment programs with confidential, free financial counseling through Chase Bank, New York, as well as Aetna's Legal Reference Program for all beneficiaries.

*For the Aetna Beneficiary Solutions Program, securities and investment advisory services are independently offered through Chase Bank, New York. Chase Bank is a full-service broker-dealer and Registered Investment Advisor. Aetna does not warrant or guarantee and makes no representations as to the quality of services offered by Chase Bank, New York. The Legal Reference Program is independently offered and administered by ARAG, North America Inc. (ARAG). Aetna does not monitor ARAG services or program content. Aetna does not provide legal services and makes no representations or warranties as to the quality of the services provided by ARAG.

Small Business decision makers can choose from a selection of affordable life and disability benefit solutions to meet their employees' needs. We also provide extra value through a variety of services for their employees.

AD&D Ultra®

Accidental Death and Personal Loss Coverage, called AD&D Ultra is automatically included in all employee term life plans and as part of the streamlined Life and Disability package. AD&D Ultra provides a benefit up to the amount of group life insurance for certain accidental losses. Aetna calls it AD&D Ultra because it includes a 365-day covered loss period and fourteen standard benefit features that set the standard for accidental loss protection.

These benefits include:

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

Disability

Disability insurance provides a partial replacement of lost income for the employee and helps reduce employer costs compared to the cost of carrying disabled employees on the payroll while also paying overtime to other employees or hiring replacements.

Through Aetna Disability Services®, plan administration is easy and dependable:

- **Fast, accurate claim payments** from our dedicated disability benefit system that automates benefit calculations, claim histories and audit and security features.
- **Designated claim analysts** who serve as the employee's single point of contact to our team of claim and clinical professionals. Nurse case managers and vocational rehabilitation specialists are available to work with employees facing complex clinical and functional challenges to help achieve a positive outcome for the employee and cost-effective claim management for the employer.
- We align clinical and claim management experience with the nature and complexity of each claim to provide **the right touch at the right time®** for the employer and their ill or injured employees.

Packaged Life and Disability

Aetna offers a streamlined product that combines basic life, AD&D Ultra, dependent life and disability insurance coverages in one convenient package. To make it easy to choose, we've designed three alternatives that provide different levels of life and disability coverage for a set price — Low, Medium and High plans. These plans offer a range of flat dollar insurance options bundled together in one monthly per employee rate.

There are several advantages to choosing these options:

- One-stop shopping.
- Plans are designed to meet the business needs of small business owners.
- Simplified quotation process — no extra information is needed and rates are set.
- Streamlined plan installation, administration and claims processing.
- Specially designed Disability product, which is a combination of Short and Long Term Disability benefits that — at a crucial time — helps employees bridge from most employer-sponsored salary continuation to Social Security.
- The Disability portion of this product offers coverage for occupational and non-occupational injuries and illnesses.



BASIC EMPLOYEE TERM LIFE PLAN OPTIONS

TERM LIFE BENEFITS

| Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees Available with an Aetna Dental Plan for Groups with 10 – 50 Eligible Employees Available without Medical or Dental (Life Standalone) to Groups with 26 – 50 Eligible Employees | | |
|--|--|--|
| | 2-9 Employees | 10-50 Employees |
| Basic Life Schedule | Flat \$10,000, \$15,000, \$20,000, \$50,000 | Flat \$10,000, \$15,000, \$20,000, \$50,000, \$75,000, \$100,000, \$125,000 |
| Class Schedules | Not available | Up to 3 classes (with a minimum requirement of 3 employees in each class) — the benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class |
| Premium Waiver Provision | Premium Waiver 60 | Premium Waiver 60 |
| Age Reduction Schedule | Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 | Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 |
| Accelerated Death Benefit | Up to 50% of Life Amount for terminal illness | Up to 50% of Life Amount for terminal illness |
| Guaranteed Issue | \$20,000 | 10-25 - \$75,000; 26-50 - \$100,000 |
| Participation Requirements | 100% | 100% on non-contributory plans; 75% on contributory plans |
| Contribution Requirements | 100% employer contribution | Minimum 50% employer contribution (excluding Optional Dependent Term) |
| AD&D ULTRA® | | |
| AD&D Schedule | Automatically included; same as Life plan | Automatically included; same as Life plan |
| Additional Features | Passenger restraint & airbag, education benefit for dependent child and/or spouse, child care, repatriation of remains, coma, Total Disability, 365-day covered loss | |
| OPTIONAL DEPENDENT TERM LIFE | | |
| Spouse Amount | Not available | \$5,000 |
| Child Amount | Not available | \$2,000 |

Life products are underwritten by Aetna Life Insurance Company.



PACKAGED LIFE & DISABILITY PLAN OPTIONS

PACKAGED LIFE & DISABILITY BENEFITS

| Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees Available with an Aetna Dental Plan for Groups with 10 – 50 Eligible Employees Available without Medical or Dental (Life Standalone) to Groups with 26 – 50 Eligible Employees | | | |
|--|---|---|---|
| | Low Option | Medium Option | High Option |
| BASIC LIFE PLAN DESIGN | | | |
| Benefit | Flat \$10,000 | Flat \$20,000 | Flat \$50,000 |
| Guaranteed Issue 2 – 9 Lives 10 – 50 Lives | \$10,000 \$10,000 | \$20,000 \$20,000 | \$20,000 \$50,000 |
| Reduction Schedule | Employee's original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 | Employee's original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 | Employee's original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 |
| Premium Waiver Provision | Premium Waiver 60 | Premium Waiver 60 | Premium Waiver 60 |
| Accelerated Death Benefit | Up to 50% of Life Amount | Up to 50% of Life Amount | Up to 50% of Life Amount |
| Dependent Life | Spouse \$5,000 Child \$2,000 | Spouse \$5,000 Child \$2,000 | Spouse \$5,000 Child \$2,000 |
| AD&D Ultra® | Matches Basic Life Benefit | Matches Basic Life Benefit | Matches Basic Life Benefit |
| DISABILITY PLAN DESIGN | | | |
| Monthly Benefit | Flat \$500 No offsets | Flat \$1,000 Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits | Flat \$1,000 Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits |
| Elimination Period | 30 days | 30 days | 30 days |
| Definition of Disability | Own occupation: Earnings loss of 20% or more. | Own occupation: Earnings loss of 20% or more. | First 24 months of benefits: Own occupation: Earnings loss of 20% or more. Any reasonable occupation thereafter: 40% Earnings loss. |
| Benefit Duration | 24 months of benefits | 24 months of benefits | 60 months of benefits |
| Pre-Existing Condition Limitation | 3/12 | 3/12 | 3/12 |
| Types of Disability | Occupational & Non-Occupational | Occupational & Non-Occupational | Occupational & Non-Occupational |
| Mental Health/Substance Abuse | Duration the same as all other conditions | Duration the same as all other conditions | 24 months of benefits |
| Class Schedules | 2-9 lives: Not Available; 10-50 lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) | 2-9 lives: Not Available; 10-50 lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) | 2-9 lives: Not Available; 10-50 lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) |
| Rates ¹ per employee per month | \$8 | \$15 | \$27 |

¹The above rates are valid for effective dates up to December 31, 2006 and are guaranteed for an assumed 12-month first-year policy period.

PACKAGED DENTAL, LIFE & DISABILITY PLAN OPTIONS

Life products are underwritten by Aetna Life Insurance Company.

| | Low Option | Medium Option | High Option |
|--|---------------------|---------------------|---------------------|
| DENTAL | Per schedule | Per schedule | Per schedule |
| Annual Deductible Per Member (Does not apply to Diagnostic & Preventive Services) | \$75; 3x family max | \$75; 3x family max | \$75; 3x family max |
| Annual Maximum Benefit | \$1,000 | \$1,000 | \$1,000 |
| DIAGNOSTIC SERVICES | | | |
| Oral Exams | | | |
| Periodic oral exam | \$13 | \$13 | \$13 |
| Comprehensive oral exam | \$22 | \$22 | \$22 |
| Problem-focused oral exam | \$43 | \$43 | \$43 |
| X-rays | | | |
| Biteewing — single film | \$7 | \$7 | \$7 |
| Complete series | \$41 | \$41 | \$41 |
| PREVENTIVE SERVICES | | | |
| Adult cleaning | \$29 | \$29 | \$29 |
| Child cleaning | \$22 | \$22 | \$22 |
| Sealants — per tooth | \$18 | \$18 | \$18 |
| Fluoride application — with cleaning | \$27 | \$27 | \$27 |
| Space maintainers | \$60 | \$60 | \$60 |
| BASIC SERVICES | | | |
| Amalgam filling — 2 surfaces permanent | \$29 | \$29 | \$29 |
| Resin filling — 2 surfaces permanent | \$33 | \$33 | \$33 |
| Oral Surgery | | | |
| Simple extraction | \$19 | \$19 | \$19 |
| Extraction of impacted tooth — soft tissue | \$51 | \$51 | \$51 |
| Removal of impacted tooth — partially bony | \$66 | \$66 | \$66 |
| MAJOR SERVICES¹ | | | |
| Complete upper denture | \$220 | \$220 | \$220 |
| Partial upper denture (resin base) | \$180 | \$180 | \$180 |
| Crown — Porcelain with noble metal | \$180 | \$180 | \$180 |
| Pontic — Porcelain with noble metal | \$170 | \$170 | \$170 |
| Inlay — Metallic (3 or more surfaces) | \$177 | \$177 | \$177 |
| Endodontic Services | | | |
| Bicuspid root canal therapy | \$140 | \$140 | \$140 |
| Molar root canal therapy | \$167 | \$167 | \$167 |
| Periodontic Services | | | |
| Scaling & root planing — per quadrant | \$39 | \$39 | \$39 |
| Osseous surgery — per quadrant | \$183 | \$183 | \$183 |
| ORTHODONTIC SERVICES¹ | | | |
| Orthodontic Lifetime Maximum | Does not apply | Does not apply | Does not apply |

¹Coverage Waiting Period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any Major Service, including Orthodontic Services.

PACKAGED DENTAL, LIFE & DISABILITY PLAN OPTIONS (CONTINUED)

Life products are underwritten by Aetna Life Insurance Company.

| | Low Option | | Medium Option | | High Option | |
|---|--|---------------|---|---------------|---|---------------|
| BASIC LIFE | Per schedule | | Per schedule | | Per schedule | |
| Benefit | Flat \$10,000 | | Flat \$20,000 | | Flat \$50,000 | |
| Guaranteed Issue | | | | | | |
| 2-9 Lives | \$10,000 | | \$20,000 | | \$20,000 | |
| 10-50 Lives | \$10,000 | | \$20,000 | | \$50,000 | |
| Reduction Schedule | Employee's original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 | | Employee's original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 | | Employee's original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75 | |
| Disability Provision | Premium Waiver 60 | | Premium Waiver 60 | | Premium Waiver 60 | |
| Accelerated Death Benefit | Up to 50% of face amount | | Up to 50% of face amount | | Up to 50% of face amount | |
| Dependent Life | Spouse \$5,000 Child \$2,000 | | Spouse \$5,000 Child \$2,000 | | Spouse \$5,000 Child \$2,000 | |
| AD&D Ultra® | Matches Basic Life Benefit | | Matches Basic Life Benefit | | Matches Basic Life Benefit | |
| DISABILITY PLAN DESIGN | | | | | | |
| Monthly Benefit | Flat \$500 No offsets | | Flat \$1,000; Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits | | Flat \$1,000; Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits | |
| Elimination Period | 30 days | | 30 days | | 30 days | |
| Definition of Disability | Own occupation: Earnings loss of 20% or more. | | Own occupation: Earnings loss of 20% or more. | | First 24 months of benefits: Own Occupation: Earnings loss of 20% or more. Any reasonable occupation thereafter: 40% earnings loss. | |
| Benefit Duration | 24 months of benefits | | 24 months of benefits | | 60 months of benefits | |
| Pre-Existing Condition Limitation | 3/12 | | 3/12 | | 3/12 | |
| Types of Disability | Occupational & Non-Occupational | | Occupational & Non-Occupational | | Occupational & Non-Occupational | |
| Mental Health/Substance Abuse | Duration the same as all other conditions | | Duration the same as all other conditions | | 24 months of benefits | |
| Class Schedules | 2-9 lives: Not Available; 10-50 lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) | | 2-9 lives: Not Available; 10-50 lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) | | 2-9 lives: Not Available; 10-50 lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) | |
| RATES¹ (per employee per month) | Single | Family | Single | Family | Single | Family |
| 2-9 eligible employees | \$23 | \$40 | \$31 | \$51 | \$49 | \$79 |
| 10-25 eligible employees | \$22 | \$40 | \$30 | \$49 | \$47 | \$75 |
| 26-50 eligible employees | \$21 | \$38 | \$29 | \$47 | \$46 | \$73 |

¹ The above rates are valid for effective dates up to December 31, 2006 and are guaranteed for an assumed 12-month first-year policy period.

Limitations and Exclusions

Medical

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

Aetna Open Access POS, Aetna QPOS & Aetna HMO

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.
- Cosmetic surgery.
- Custodial care.
- Dental care and dental x-rays.
- Donor egg retrieval.
- 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 your plan documents.
- Nonmedically necessary services or supplies.
- Orthotics.
- Over-the-counter medications and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies, counseling and prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered in the plan documents.
- Those made by a physician, hospital or treatment facility for the inpatient or outpatient treatment for serious mental illness.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna PPO & Indemnity

- All medical or hospital services not specifically covered, or which are limited or excluded in the plan documents.
- Charges related to any eye surgery mainly to correct refractive errors.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and X-rays.
- Donor egg retrieval.

- Experimental and investigational procedures.
- Hearing aids.
- Immunizations for travel or work.
- Infertility services, including but not limited to artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Nonmedically necessary services or supplies.
- Orthotics, as specified in the plan.
- Over-the-counter medications and supplies.
- 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.
- Those made by a physician, hospital or treatment facility for the inpatient or outpatient treatment for serious mental illness.

Pre-existing Conditions Exclusion Provision

This plan imposes a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received or for which the individual took prescribed drugs within 3 months.

Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 3 month period ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 12 months from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period.

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

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

In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any Certificates of Creditable Coverage you have. Please contact your Aetna Member Services representative at (888) 802-3862 if you need assistance in obtaining a Certificate of Creditable Coverage from your prior carrier or if you have any questions on the information noted above.

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

- DMO Plans: Oral exams (4 per year)
- PDN and Scheduled Plans: Oral exams (2 routine and 2 problem-focused per year)

All Plans:

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

AD&D Ultra

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

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

Disability

No benefits are payable if the disability:

- Is due to intentionally self-inflicted injury (while sane or insane).
- Results from your committing or attempting to commit, a criminal act.
- Is due to participation in an insurrection or rebellion.
- Is due to war or any act of war (declared or not declared).
- Results from an automobile accident caused by you while you are intoxicated. ("Intoxicated" means: the blood alcohol level of the driver of the automobile meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred).

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

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

* These do not apply if the loss is caused by an infection that results directly from the injury or surgery needed because of the injury. The injury must not be one that is excluded by the terms of the contract.

Group Enrollment Checklist

Send paperwork to:
Aetna Small Group
4300 Centreway Place
Arlington, TX 76018

Submission Date

All new cases with 2 to 50 employees are preferred to be received by Aetna on or before the 5th business day prior to the requested effective date. Cases will be accepted until the last day of the month prior to the effective date. If a cutoff deadline occurs on a weekend, all new cases sold need to be received on the preceding Friday. If incomplete information is provided or if the submission is not complete until after the cut-off date, the case could be assigned a later effective date.

Required for New Business

Employer Master Application

Must be completed, signed and dated by employer

Copy of Sold Rates

Must be signed by the employer and attached to the new case submission statement

Employer Disclosure

Must be signed and dated by the employer

Enrollment/Change Form/Medical Questionnaire

Original copy completed and signed by each employee enrolling for coverage and any continuees.* It must also be signed by the employer.

Employees waiving/declining coverage must complete the waiver section of the Enrollment/Change form. If coverage is being waived due to other coverage, the carrier name, telephone number and group number must be listed.

Copy of most recent Quarterly Wage and Tax Statement (QWTS) containing the names, salaries, etc. of all employees of the employer group.

- The QWTS must be signed and dated by the owner or officer of the company unless filed electronically. If filed electronically, please provide a copy of the electronic validation.

- Employees who have terminated or work part time must be noted accordingly on the QWTS. Terminated employees must have the date of termination listed on the QWTS.

- Newly hired employees not listed on the QWTS must provide the first and last month's payroll stub and registry/summary for each employee.

Sole Proprietor, Partners or Corporate Officers not reported on the Quarterly Wage and Tax form must submit a completed Small Employer (2-50) Proof of Eligibility Form. Also, as identified on the form, additional supporting documentation must be submitted.

If group coverage currently exists, a copy of the most recent prior carrier bill must be provided. Individuals contained on the bill should match those listed on the wage and tax statement. If not, please indicate on the bill why they are not on the wage and tax statement.

A check for 100% of the first month's medical, dental, STD and life premiums payable to "Aetna Health Management, L.L.C." (Aetna's receipt of the check does not guarantee acceptance of the group).

Copy of the sold proposal including rates and plan design(s).

General Information

1. If applying for PPO or Indemnity medical, please list the prior carrier individual deductible \$ _____
2. If applying for dental, does dental coverage currently exist?
 Yes No
3. If yes and prior plan includes Orthodontia, please provide the prior plan Ortho Max. _____
4. Please note that additional documentation may be required (Common ownership, newly formed business, etc.) _____

* If a spouse is enrolling, a signature must be included on the enrollment form and medical questionnaire.

Notes

Notes

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Corporate Health Insurance Company, Aetna Life Insurance Company and/or Aetna Dental Inc.

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

Information supplied by Aetna IntelliHealth® is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs. Alternative health care programs, Vision One® and the fitness program are rate-access programs and may be in addition to any plan benefits. Program providers are solely responsible for the products and services provided thereunder. Aetna does not endorse any vendor, product or service associated with these programs. Discounts offered hereunder are not insurance.

Health benefit and insurance plans contain exclusions and some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. If your plan covers outpatient prescription drugs, your plan may include a Preferred Drug List (formulary). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, and information about other pharmacy programs such as precertification, please refer to Aetna's website at www.aetna.com, or the formulary. Many drugs, including many of those listed on the formulary are subject to rebate arrangements between Aetna and the manufacturer of the drugs. Aetna receives rebates from the manufacturers of many drugs, including many that are on the formulary. These rebates do not reduce the amount you pay for an individual prescription drug. However, they help control the overall costs of prescription drug coverage. Your pharmacy benefit provides coverage for many drugs that are not on this list. Also, in some cases, if you need to pay a percentage of the cost of the drug or an amount to meet a deductible, your costs may be higher for a "brand-name formulary" than they would be for a "brand-name non-formulary." You can find out more about the terms and limitations on your plan by reading your plan documents. You can also contact Member Services.

Aetna Health Savings Accounts (HSA) are administered by Aetna Life Insurance Company. HSA fees, interest rates and investment options are subject to change without notice. Investment options are not insured by Aetna or the FDIC and may result in loss of principal. This document is not intended to provide tax or investment advice. Please consult your independent financial advisor before opening an HSA or making an investment selection.

While this material is believed to be accurate as of the print date, it is subject to change.

For more information about Aetna's Small Business Solutions, please contact your local Aetna Sales Manager or the Small Group Service Center from 8 a.m. to 5 p.m. (CST).

Toll free # 1-866-899-4379

Fax # 1-877-362-0870

Mailing Address

PO Box 91507

Arlington, TX 76015-0007

Overnight Mailing Address

4300 Centreway Place

Arlington, TX 76018

We
want
you to
know

Aetna Small Business Solutions



Our commitment to small business is a lot like yours.

At Aetna, we've made small business a big priority. We even have a dedicated division that focuses on developing affordable products and services specifically for the needs of small business. And with more than a thousand employees dedicated exclusively to small business service, your needs will be met. You can choose from a wide range of insurance coverage options that include Health, Pharmacy, Dental, Disability and Group Life. And getting all your benefits and billing from one source makes administration easier. To find out more about small business plans that meet your needs, call your broker, Aetna representative, or visit us today at aetna.com.

We want you to knowSM



Health
Dental
Pharmacy
Disability
Long-Term Care
Life