

# Aetna Advantage Plans for Individuals, Families and the Self-Employed

Florida\*

## A Guide to Understanding Your Choices and Selecting a Quality Health Insurance Plan

\*In Florida, the self-employed  
can purchase a guaranteed  
issue group insurance plan  
under small group reform.



We want you to know<sup>®</sup>



# Choose the Aetna Advantage plan that best fits your needs

We offer a variety of Aetna Advantage health coverage insurance plans in Florida. All of these plans give you the freedom to go directly to any physician, hospital, or specialist for covered services.

Your Aetna Advantage plan choices are:

## Florida Managed Choice Open Access

With the Florida Managed Choice insurance plan, you can visit any doctor or hospital you choose. (Your out-of-pocket costs will be lower if you select a provider from Aetna's wide network of participating physicians and hospitals.) In addition, there are no claim forms to fill out when you visit a network provider, and no referrals are required to see a specialist.

## Florida POS Open Access

This health insurance plan offers the freedom to seek health care when needed as well as the flexibility to access care in or out-of-network. In addition, there are no claim forms to fill out when you visit a network provider, and no referrals are required to see a specialist.

## Florida Managed Choice Open Access and POS Open Access Value

In addition to the plan features described above, the Florida Managed Choice and POS Value coverage plans offer you one more feature: lower premiums. (That's the "Value" part) In exchange for lower premiums, doctor's office visits are covered only after you've reached an annual deductible payment. There is no coverage for prescription drugs, but a discount drug card is available.

## Florida HSA Compatible Plans

With the Florida HSA Compatible insurance plans, you'll pay lower premiums in exchange for higher annual deductibles. A key advantage of this plan is that it can be paired with a Health Savings Account (HSA), a special account that lets you pay for qualified medical expenses with tax-advantaged funds. What does "tax-advantaged" mean? It means you or an eligible family member can contribute to your HSA tax-free. Those dollars earn interest tax-free.

And when you make withdrawals to pay for qualified health care expenses, they're tax-free, too.

An HSA has other advantages as well. Among them:

- You own your HSA, so even if you change jobs or health insurance plans, the money in your account is yours to keep.
- Any money remaining in your HSA at the end of the year rolls over to the next year. You don't lose it.
- You can withdraw money directly from your HSA to cover qualified expenses. Or, you can allow the account to grow over time and use it to help pay for future health-related expenses — like long-term care insurance premiums, COBRA premiums and certain retiree expenses.

## Preventative and Hospital Care Plans

The Preventative and Hospital Care Plans are ideal for individuals that are primarily looking for affordability when selecting a coverage option. This plan provides inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges in lieu of hospitalization. In addition, these plans provide coverage for preventive care including annual GYN exam, well child care and physical exam every 24 months. The deductible on the Preventative and Hospital Care Plan applies to most covered expenses. NOTE: This plan provides limited benefits only and does not constitute a comprehensive health insurance plan. As such, it may not cover all the expenses associated with your health care needs.

## Child Only Coverage

All of the Advantage plans in Florida are available for Child only. That is, you may choose to enroll your child even if no other family member enrolls. Coverage includes immunizations, well child visits, emergency room and dental preventive services (if dental is selected).

Note that if one of the HSA plans is selected for Child only enrollment, an HSA account is not available for the child.

## Florida Dental PPO Max

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

# Things You Need to Know to Enroll



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

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4)
- Between ages 19 and 23 for unmarried dependent children with proof of full-time student status.
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least 6 continuous months

## Medical underwriting requirements

- The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals can be federally eligible under the Health Insurance Portability Accountability Act (HIPAA) for a special guaranteed issue plan under Florida laws and regulations.
- All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.
- We offer various levels of coverage based on the known and predicted medical risk factors of each applicant.

## Levels of coverage and enrollment

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

## Duplicate coverage

- If you are currently covered by another carrier, you must agree to discontinue the other coverage prior to or on the effective date of the Aetna Advantage Plan.

## Pre-existing conditions

- During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have creditable prior coverage.
- A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within 6 months preceding the effective date of coverage.

## Terms of coverage

Your rates are guaranteed not to increase for 12 months from your effective date. Final rates are subject to underwriting review.

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

- Non-payment of premiums
- Residency requirements
- Obtaining duplicate coverage
- For other reasons permissible by law

**Have Questions?  
Call your broker.**

## Is your doctor in the network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the Aetna Advantage Plan network? Use Aetna's online DocFind® tool at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans). If you don't have Internet access, just call your broker and ask for a directory of providers.

## All You Need to Know About Easy-Pay

### Simple Automatic Payments via Electronic Funds Transfer (EFT)

#### Simple registration

- Complete the payment section of the Aetna Advantage Plans application. Initial payment can be made with EFT. Your payment will be deducted upon approval of the application.

#### Terminating EFT

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

#### Refunds on EFT

##### Accounts

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

#### Invoices for EFT Accounts

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

#### Rejected EFT Transactions

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

#### Timing for EFT

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

## Aetna's Florida Service Area

Below are the Florida counties where Aetna Advantage Plans are offered:

### AREA 1

Alachua Baker	Clay Duval	Flagler Marion	Nassau Saint Johns
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### AREA 2

Brevard Indian River	Lake Orange	Osceola Seminole	Volusia
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### AREA 3

Charlotte Hernando Hillsborough	Lee Manatee	Pasco Pinellas	Polk Sarasota
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### AREA 4

Broward	Miami-Dade	Palm Beach
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#### The products offered in areas 1-4 are:

Point of Service Open Access 1000  
Point of Service Open Access 1500  
Point of Service Open Access 2500  
Point of Service Open Access 5000  
Point of Service Open Access 1500 Value  
Point of Service Open Access 2500 Value  
Managed Choice Open Access 2750 (HSA)  
Point of Service 5000 (HSA)  
Preventative and Hospital Care 1250  
Preventative and Hospital Care 3000 (HSA)

### AREA 5

Columbia	Sumter	Suwannee
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### AREA 6

Collier Escambia	Holmes Okaloosa	Santa Rosa Walton
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### AREA 7

Bradford	Levy	Putnam	Union
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### AREA 8

Martin	Okeechobee	Saint Lucie
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### AREA 9

Gadsden	Jefferson	Leon	Wakula
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#### The products offered in areas 5-9 are:

Managed Choice Open Access 1000  
Managed Choice Open Access 1500  
Managed Choice Open Access 2500  
Managed Choice Open Access 5000  
Managed Choice Open Access 1500 Value  
Managed Choice Open Access 2500 Value  
Managed Choice Open Access 2750 (HSA)  
Managed Choice Open Access 5000 (HSA)  
Preventative and Hospital Care 1250  
Preventative and Hospital Care 3000 (HSA)

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

	Managed Choice Open Access 1000		Managed Choice Open Access 1500	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual	\$1,000	\$2,000	\$1,500	\$3,000
Deductible Family	\$2,000	\$4,000	\$3,000	\$6,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$1,500	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000	\$3,000
Out-of-Pocket Maximum				
Individual	\$2,500	\$3,500	\$3,000	\$4,500
Family	\$5,000	\$7,000	\$6,000	\$9,000
Lifetime Maximum *	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family, Practitioner, Pediatrician or Internist)	\$20 copay not subject to deductible	50% after deductible	\$25 copay not subject to deductible	50% after deductible
Specialist Visit	\$30 copay not subject to deductible	50% after deductible	\$35 copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible	\$150 copay after deductible	\$150 copay after deductible	\$150 copay after deductible
	(copay waived if admitted)	(copay waived if admitted)	(copay waived if admitted)	(copay waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 copay not subject to deductible	50% after deductible	\$25 copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
		(Aetna will pay a maximum of \$25 per visit)		(Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% deductible	50% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible
Preferred Brand Name	\$25 copay after deductible	\$25 copay plus 50% after deductible	\$25 copay after deductible	\$25 copay plus 50% after deductible
Non-Preferred Brand Name (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 50% after deductible	\$40 copay after deductible	\$40 copay plus 50% after deductible
Self-Injectables	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited

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

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

All products not available in all counties. Please refer to county list on page 6 .  
A summary of exclusions is listed on pages 27-29.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

	Managed Choice Open Access 2500		Managed Choice Open Access 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual	\$2,500	\$5,000	\$5,000	\$10,000
Deductible Family	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$2,500	\$2,500	\$2,500	\$2,500
Family	\$5,000	\$5,000	\$5,000	\$5,000
Out-of-Pocket Maximum				
Individual	\$5,000	\$7,500	\$7,500	\$12,500
Family	\$10,000	\$15,000	\$15,000	\$25,000
Lifetime Maximum *	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family, Practitioner, Pediatrician or Internist)	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Specialist Visit	\$40 copay not subject to deductible	50% after deductible	\$50 copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible	\$150 copay after deductible	\$150 copay after deductible	\$150 copay after deductible
	(copay waived if admitted)	(copay waived if admitted)	(copay waived if admitted)	(copay waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	50% after deductible
Maternity	Not covered	Not Covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
	(Aetna will pay a maximum of \$25 per visit)	(Aetna will pay a maximum of \$25 per visit)	(Aetna will pay a maximum of \$25 per visit)	(Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible	\$500 (does not apply generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible
Preferred Brand Name	\$25 copay after deductible	\$25 copay plus 50% after deductible	\$25 copay after deductible	\$25 copay plus 50% after deductible
Non-Preferred Brand Name (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 50% after deductible	\$40 copay after deductible	\$40 copay plus 50% after deductible
Self-Injectables	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited

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

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

All products not available in all counties. Please refer to county list on page 6 .

A summary of exclusions is listed on pages 27-29.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	Managed Choice Open Access 1500 Value		Managed Choice Open Access 2500 Value	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual	\$1,500	\$3,000	\$2,500	\$5,000
Deductible Family	\$3,000	\$6,000	\$5,000	\$10,000
Coinsurance (Member's Responsibility)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Coinsurance Maximum Individual Family	\$3,500 \$7,000	\$7,000 \$14,000	\$3,500 \$7,000	\$7,000 \$14,000
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$10,000 \$20,000	\$6,000 \$12,000	\$12,000 \$24,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Specialist Visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospital Admission	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible	\$150 copay after deductible (waived if admitted)	\$150 copay deductible (waived if admitted)	\$150 copay deductible (waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	0% not subject to deductible	50% after deductible	0% not subject to deductible	50% after deductible
Lab/X-Ray	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	30% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	30% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	30% after deductible	50% after deductible	30% deductible	50% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible	Not covered**	Not covered**	Not covered**	Not covered**
Generic (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**
Preferred Brand Name	Not covered**	Not covered**	Not covered**	Not covered**
Non-Preferred Brand (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**
Self-Injectables	Not covered**	Not covered**	Not covered**	Not covered**
Calendar Year Maximum per Individual	Not covered**	Not covered**	Not covered**	Not covered**

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

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

All products not available in all counties. Please refer to county list on page 6 .

A summary of exclusions is listed on pages 27-29.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

	Managed Choice Open Access HSA 2750		Managed Choice Open Access HSA 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual	\$2,750	\$5,500	\$5,000	\$10,000
Deductible Family	\$5,500	\$11,000	\$10,000	\$20,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible 0% once out-of-pocket max is satisfied	0% after deductible	0% after deductible
Coinsurance Maximum				
Individual	\$2,250	\$4,500	\$0	\$0
Family	\$4,500	\$9,000	\$0	\$0
Out-of-Pocket Maximum				
Individual	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$10,000	\$20,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Specialist Visit	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Hospital Admission	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency Room	\$150 copay after deductible	\$150 copay after deductible (waived if admitted)	0% after deductible	0% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	0% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 copay not subject to deductible	50% after deductible	\$25 copay not subject to deductible	0% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	0% after deductible	0% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible	Integrated Medical/RX Deductible	Integrated Medical/RX Deductible	Not covered**	Not covered**
Generic (Oral Contraceptives Included)	\$15 copay after deductible	\$15 copay after deductible	Not covered**	Not covered**
Preferred Brand Name	\$25 copay after deductible	\$25 copay after deductible	Not covered**	Not covered**
Non-Preferred Brand (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay after deductible	Not covered**	Not covered**
Self-Injectables	20% after deductible	20% after deductible	Not covered**	Not covered**
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Not covered**	Not covered**

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

\*\* Aetna Discount available.

+ 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 Network Provider.

All products not available in all counties. Please refer to county list on page 6 .

A summary of exclusions is listed on pages 27-29.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

	POS Open Access 1000		POS Open Access 1500	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual	\$1,000	\$2,000	\$1,500	\$3,000
Deductible Family	\$2,000	\$4,000	\$3,000	\$6,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$1,500	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000	\$3,000
Out-of-Pocket Maximum				
Individual	\$2,500	\$3,500	\$3,000	\$4,500
Family	\$5,000	\$7,000	\$6,000	\$9,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 copay not subject to deductible	50% after deductible	\$25 copay not subject to deductible	50% after deductible
Specialist Visit	\$30 copay not subject to deductible	50% after deductible	\$35 copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible	\$150 copay after deductible (waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 copay not subject to deductible	50% after deductible	\$25 copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 copay not subject to deductible	50% not subject to deductible	\$15 copay not subject to deductible	50% not subject to deductible
Preferred Brand Name	\$25 copay after deductible	50% after deductible	\$25 copay after deductible	50% after deductible
Non-Preferred Brand Name (Oral Contraceptives Included)	\$40 copay after deductible	50% after deductible	\$40 copay after deductible	50% after deductible
Self-Injectables	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited

\* Maximum applies to combined in and out-of-network benefits.  
+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.  
All products not available in all counties. Please refer to county list on page 6.  
A summary of exclusions is listed on pages 27-29.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

	POS Open Access 2500		POS Open Access 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual	\$2,500	\$5,000	\$5,000	\$10,000
Deductible Family	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$2,500	\$2,500	\$2,500	\$2,500
Family	\$5,000	\$5,000	\$5,000	\$5,000
Out-of-Pocket Maximum				
Individual	\$5,000	\$7,500	\$7,500	\$12,500
Family	\$10,000	\$15,000	\$15,000	\$25,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Specialist Visit	\$40 copay not subject to deductible	50% after deductible	\$50 copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 copay not subject to deductible	50% not subject to deductible	\$15 copay not subject to deductible	50% not subject to deductible
Preferred Brand Name	\$25 copay after deductible	50% after deductible	\$25 copay after deductible	50% after deductible
Non-Preferred Brand Name (Oral Contraceptives Included)	\$40 copay after deductible	50% after deductible	\$40 copay after deductible	50% after deductible
Self-Injectables	20% after deductible	20% after deductible	20% after deductible	50% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited

\* Maximum applies to combined in and out-of-network benefits.  
+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.  
All products not available in all counties. Please refer to county list on page 6.  
A summary of exclusions is listed on pages 27-29.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS*	POS Open Access 1500 Value		POS Open Access 2500 Value		POS Open Access HSA 5000	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual	\$1,500	\$3,000	\$2,500	\$5,000	\$5,000	\$10,000
Deductible Family	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance (Member's Responsibility)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Coinsurance Maximum						
Individual	\$3,500	\$7,000	\$3,500	\$7,000	\$0	\$0
Family	\$7,000	\$14,000	\$7,000	\$14,000	\$0	\$0
Out-of-Pocket Maximum						
Individual	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$12,000	\$24,000	\$10,000	\$20,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Specialist Visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Hospital Admission	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency Room	\$150 copay after deductible	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible	\$150 copay after deductible (waived if admitted)	0% after deductible	0% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	50% after deductible	\$0 copay not subject to deductible	0% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	0% not subject to deductible	50% after deductible	0% not subject to deductible	50% after deductible	\$25 copay not subject to deductible	0% after deductible
Lab/X-Ray	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	30% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	30% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)	0% after deductible	0% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
<b>PHARMACY</b>						
Pharmacy Deductible	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Generic (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Preferred Brand Name	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Non-Preferred Brand Name (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Self-Injectables	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Calendar Year Maximum per Individual	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**

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

\*\* Aetna Discount available.

+ 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 Network Provider.

For a full list of benefit coverage and exclusions refer to the plan documents. All products not available in all counties. Please refer to county list on page 6.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

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

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

\*\* Aetna Discount available.

+ 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 Network Provider.

All products not available in all counties. Please refer to county list on page 6.

A summary of exclusions is listed on pages 27-29.

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

INDIVIDUAL DENTAL PPO MAX PLAN		
MEMBER BENEFITS	PREFERRED	NONPREFERRED
Annual Ded per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family maximum	\$25; \$75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
<b>DIAGNOSTIC SERVICES</b>		
<b>Oral Exams</b>		
Periodic oral exam	100% not subject to ded	50% not subject to ded
Comprehensive oral exam	100% not subject to ded	50% not subject to ded
Problem-focused oral exam	100% not subject to ded	50% not subject to ded
<b>X-rays</b>		
Bitewing — single film	100% not subject to ded	50% not subject to ded
Complete series	100% not subject to ded	50% not subject to ded
<b>PREVENTIVE SERVICES</b>		
Adult cleaning	100% not subject to ded	50% not subject to ded
Child cleaning	100% not subject to ded	50% not subject to ded
Sealants — per tooth	Discount	Not Covered
Fluoride application — with cleaning	100% not subject to ded	100% not subject to ded
Space maintainers	Discount	Not Covered
<b>BASIC SERVICES</b>		
Amalgam filling — 2 surfaces	100% after ded	50% after ded
Resin filling — 2 surfaces anterior	Discount	Not Covered
<b>Oral Surgery</b>		
Extraction – exposed root or erupted tooth	Discount	Not Covered
Extraction of impacted tooth – soft tissue	Discount	Not Covered
<b>MAJOR SERVICES</b>		
Complete upper denture	Discount	Not Covered
Partial upper denture (resin base)	Discount	Not Covered
Crown — Porcelain with noble metal	Discount	Not Covered
Pontic — Porcelain with noble metal	Discount	Not Covered
Inlay — Metallic (3 or more surfaces)	Discount	Not Covered
<b>Oral Surgery</b>		
Removal of impacted tooth — partially bony	Discount	Not Covered
<b>Endodontic Services</b>		
Bicuspid root canal therapy	Discount	Not Covered
Molar root canal therapy	Discount	Not Covered
<b>Periodontic Services</b>		
Scaling & root planing — per quadrant	Discount	Not Covered
Osseous surgery — per quadrant	Discount	Not Covered
<b>ORTHODONTIC SERVICES</b>		
	Discount	Not Covered

**Access to negotiated discounts: members are eligible to receive noncovered services at the PPO negotiated rate when visiting a participating PPO dentist at any time.**

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

A summary of exclusions is listed on pages 27-29.

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

# Aetna Advantage Plan programs to help you be well

Aetna Advantage Plans include special programs\* with a wealth of features to complement our standard health insurance coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. Here are a few of the ways we can help you be well.

## **Fitness Program.**

Enjoy reduced membership rates at participating health clubs, as well as discounts on home exercise equipment.

## **Aetna's Weight Management Discount Program**

The Weight Management Discount Program from Aetna can help you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products. Start with a FREE 30-day trial membership\*\*; then choose either a 6\*\* or 12-month\*\* program\*\*\* that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

## **Eyecare Savings Program.**

The Vision One+ discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

## **Aetna Natural Products and Services Program<sup>SM</sup>**

Receive reduced rates on visits to acupuncturists, chiropractors, massage therapists and nutrition counselors, as well as discounts on vitamins and supplements.

## **Looking for a way to save on Dental Expenses?**

Vital Savings by Aetna is a discount program that provides you with dental savings. Enrolling in the program will give you access to a network of providers who have agreed to accept discounted rates for services. To sign up today — visit [www.vitalsavings.com](http://www.vitalsavings.com) or call 1-877-MY-VITAL (1-877-698-4825).

## **Informed Health® Line.**

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

## **Aetna Rx Home Delivery®.**

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

## **Aetna Resource Connection.**

Aetna's Resource Connection provides our individual and self-employed clients with access to resources and discounts that can help them build a healthier business. Whether it's purchasing office supplies, finding an effective payroll service or upgrading your IT systems, Aetna Resource Connection can help. Simply put, we're placing the power of a Fortune 100 company in the hands of each client we serve.

## **Aetna Navigator<sup>TM</sup>**

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

For more information on any of these programs, please visit us online at (1-877-698-4825).

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

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

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

+ Vision One® is a registered trademark of Cole Vision Corporation.

# Florida Limitations & Exclusions

The health insurance plans in this booklet do not cover all health care expenses and include exclusions and limitations. You should refer to plan documents to determine which health care services are covered and to what extent.

## **Medical Limitations and Exclusions Aetna Managed Choice Open Access and POS Open Access**

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

- Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies
- Private duty nursing
- Personal care services and home care services not stated in the plan description
- Non-replacement fees for blood and blood products
- Unless otherwise specified in covered services, dental work or treatment, including hospital or professional care in connection with:
  - The operation or treatment for fitting or wearing of dentures
  - Orthodontic care
  - Dental implants
  - Experimental services
  - Immunizations related to foreign travel
- The purchase, examination, or fitting of hearing aids and supplies, and tinnitus maskers, unless included as a covered benefit.
- Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports, or exams for their prescription or fitting, unless these services are determined to be medically necessary.

- Inpatient admissions primarily for physical therapy unless authorized by the plan.
- Charges in connection with pregnancy care, other than for pregnancy complications
- Treatment of sexual dysfunction not related to organic disease
- Services to reverse a voluntary sterilization
- In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, or cryogenic or other preservation techniques used in these or similar procedures
- Practitioner, hospital or clinical services related to radial keratotomy, myopic keratomileusis, and surgery that involved corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error
- Nonmedical ancillary services such as vocational rehabilitation, employment counseling, or educational therapy
- Services that are not medically necessary
- Medical expenses for pre-existing condition are not covered for the first 12 months after the member's effective date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage you have as of the effective date. If you have a creditable coverage HIPPA certificate indicating 18 months of creditable coverage, no pre-existing condition limitation will apply.

Creditable coverage is considered within 63 days immediately before the date of enrollment under this plan, the pre-existing condition exclusion, if any, will be waived.

- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medication: 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 co-morbid conditions.

- Chemical dependency and substance abuse services not covered.
- Mental Health services for Managed Choice Open Access and POS Open Access plans are not covered.

## Dental

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

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

## 10-day right to review

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

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

If, after reviewing the contract, you find that you are not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you have paid less the cost of any services paid on behalf of you or any covered dependent.

# Notes

**Aetna Advantage Plans are offered, underwritten or administered by Aetna Life Insurance Company directly or through an out-of-state blanket trust.**

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

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

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug makers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. Health Insurance plans contain exclusions and limitations.

For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

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