

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

Virginia/Washington D.C.

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

We want you to knowSM



Aetna makes it easy for you to choose a health insurance plan

They say that nothing is more important than your health.

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

At Aetna, we're here to help. Perhaps you've just left a group plan. Or you're looking for an option other than COBRA.

You may want to switch from your current individual health insurance. Or you're not currently insured. Maybe you've just received another big rate increase and you're looking for something more affordable. Whatever your situation, you should know that Aetna offers a variety of quality health insurance plans for individuals and their families in Virginia and Washington D.C.

So, are you a new graduate or a newlywed? Self-employed or between jobs? An empty nester or early retiree? Wherever you are in life, we make it easy for you to understand

your choices and select a quality health plan. We'll guide you through the process and help you choose the right health insurance for your personal needs.

Why Aetna?

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

Easy to understand.

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

Easy to choose.

We'll guide you and help you select from plans designed to fit your personal situation. Aetna's participating provider network offers you a wide selection of physicians and hospitals.

Easy to afford.

Because we offer a variety of premium payment options, you choose how much to spend: in premiums versus out-of-pocket expenses.

Easy to manage.

Thanks to easy-to-use Web-based tools, you can get valuable health and benefits-related information, quickly locate Aetna network physicians in your area, and manage your account — right online!



Have questions?

Just call 1-800-694-3258,
or email us at
MYHealthVA-DC@aetna.com.

We're here to help!

Want a quote now?

Visit www.aetna.com/members/individual.html
or call 1-800-MY-Health
(1-800-694-3258).

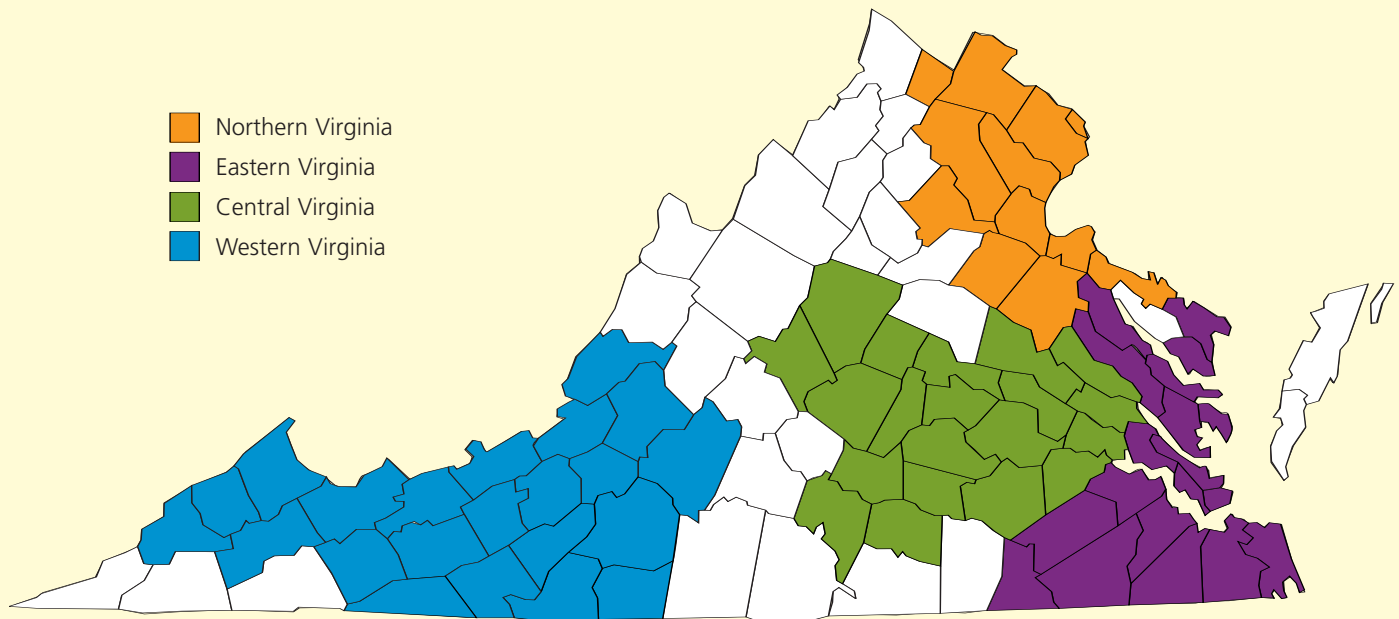


How to use this booklet

When we say we're going to make health insurance easy for you, we mean it. This booklet will walk you through the information you need to make a smart decision. Here are the steps you might want to take:

- 1) Read about Aetna's health insurance plans for individuals, starting on page 3.
- 2) What's going on in your life right now? The answer can help you choose a plan, starting on page 4. (If you just want to cut to the chase, the at-a-glance plan comparison chart on page 11 can help you quickly determine your health insurance priorities.)
- 3) Review each plan's specific features, and determine which ones are most important to you, starting on page 12.
- 4) Follow the enrollment instructions on page 16, then complete and mail the enclosed enrollment form, or apply online at www.aetna.com/members/individual.html.

Aetna Advantage Plans counties in Virginia/Washington D.C.



VIRGINIA NETWORK MAP KEY

Northern Virginia

Alexandria City
Arlington
Caroline
Clarke
Culpeper
Fairfax
Fairfax City
Falls Church City
Fauquier
Fredericksburg City
King George
Loudoun
Manassas City
Manassas Park City
Prince William
Spotsylvania
Stafford
Westmoreland
Winchester City

Eastern Virginia

Chesapeake City
Essex
Franklin City
Gloucester
Greensville
Hampton City
Isle Of Wight
James City
King And Queen
Lancaster
Mathews
Middlesex
Newport News City
Norfolk City
Northumberland
Poquoson City
Portsmouth City
Southampton
Suffolk City
Surry
Sussex
Virginia Beach City
Williamsburg City
York

Central Virginia

Albemarle
Amelia
Buckingham
Charles City
Charlotte
Charlottesville City
Chesterfield
Colonial Heights City
Cumberland
Dinwiddie
Fluvanna
Goochland
Hanover
Henrico
Hopewell City
King William
Lunenburg
Nelson
New Kent
Nottoway
Petersburg City
Powhatan
Prince Edward
Prince George
Richmond City

Western Virginia

Alleghany
Bedford
Bland
Botetourt
Buchanan
Carroll
Covington City
Craig
Dickenson
Floyd
Franklin
Galax City
Giles
Grayson
Henry
Martinsville City
Montgomery
Norton City
Patrick
Pulaski
Radford
Roanoke

Choose the Aetna Advantage plan

In this booklet, we offer two distinct types of Aetna Advantage health insurance plans in Virginia/Washington D.C. Both are PPO plans, which give you the freedom to go directly to any physician, hospital or specialist for covered services.

Your Aetna Advantage plan choices are:

Virginia/Washington D.C. PPO

With the Virginia/Washington D.C. PPO health 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.

Virginia/Washington D.C. High-Deductible PPO (HSA-Compatible)

With the Virginia/Washington D.C. High-Deductible PPO health insurance plan, you'll pay lower premiums in exchange for higher annual deductibles — at least \$2,750 for individuals and \$5,500 for families. A key advantage of this health insurance 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 make contributions 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.

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. If you don't have Internet access, just call 1-800-MY Health (1-800-694-3258) and ask for a directory of providers.

Dental PPO Max Plan

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 all covered services at a negotiated rate—so you generally pay less out-of-pocket. You can visit any participating dentist for all other services and pay a reduced fee off normal rates. You also have the flexibility to visit a dentist who does not participate in Aetna's network for covered services.

Visit www.aetna.com/members/individual.html or call 1-800-MY-Health (1-800-694-3258).

So, what's going on in **your** life?

Life changes. Very quickly. And as it does, so do your priorities. What was all fine and good yesterday may not be appropriate today.

The circumstances of your life can determine the type of health coverage you need. That's why Aetna Advantage Plans for Individuals have been designed to fit people in specific places in life.

So, do any of these descriptions sound like you?



Visit www.aetna.com/members/individual.html or call 1-800-MY-Health (1-800-694-3258).

New Graduate?

First, congratulations! Ready to conquer the world? Thinking big thoughts? Well, one of those thoughts should be about health coverage. Since you're probably on a budget, you might want to look for an affordable policy with low monthly payments and modest out-of-pocket costs. Let us be your guide.

Here are some options that may be right for you.

If you use only basic health care services and want to keep your monthly payments low, consider:

PPO 40

If you visit the doctor often and don't want to pay a lot for these visits, consider:

PPO 20

PPO 25

If you want a balanced mix of low cost and high coverage levels, consider:

PPO 25

PPO 30





Raising A Family?

Children tend to visit the doctor more than adults do. So you may be looking for health coverage with low fees for office visits, low monthly payments, and caps on your out-of-pocket expenses. And of course, you can benefit from quality preventive care for your entire family.

Getting Married?

If you're reconsidering your health coverage needs, you're not alone. Most newlyweds are doing the same thing. Since you're probably on a pretty tight budget, you may want an affordable plan with low monthly payments — but also one that provides for quality preventive care, prescription drug coverage, and financial protection to help safeguard your assets.

Here are some options that may be right for you.

If you use only basic health care services and want to keep your monthly payments low...

PPO 40

If you're looking to balance low cost and quality coverage, consider:

PPO 25

PPO 30

If robust coverage is more important to you than the lowest possible cost, consider:

PPO 20



Here are some plans that may suit you.

If you use only basic health care services and want to keep your monthly payments low...

PPO 40

If you don't want to pay a lot for frequent doctor visits for you and the kids, consider:

PPO 20

PPO 25

If robust coverage is more important to you than the lowest possible cost, consider:

PPO 20



Between Jobs?

While you're lining up your next career move, you may want more affordable health coverage with low monthly costs — but also that covers you for hospital stays and emergencies. There may be better alternatives than COBRA, and we're here to help guide you through them.

Here are options that may be right for you.

If you use only basic health care services and want to keep your monthly payments low...

PPO 40

If you're seeking a balance of low cost and quality coverage, consider:

PPO 25

PPO 30

If you want a plan that works with an HSA, consider*:

High Deductible PPO 1 (HSA-Compatible)

High Deductible PPO 2 (HSA-Compatible)

+ For information on HSAs, please refer to page 3.

Self-Employed?

If you're on your own, you've probably discovered by now that health coverage isn't cheap.

But you know it's necessary to protect yourself and your business. Since you're footing the bill, affordability is likely a priority. We offer plans that provide quality hospitalization and prescription drug coverage, with monthly payments that won't consume your profits.

Here are some options you may want to consider.

If you use only basic health care services and want to keep your monthly payments low, consider:

PPO 40

If you want to cap the amount you'll spend on total medical expenses each year, consider:

PPO 20

PPO 25

If robust coverage is more important to you than the lowest possible cost, consider:

PPO 20

If you want a plan that works with an HSA, consider*:

High Deductible PPO 1 (HSA-Compatible)

High Deductible PPO 2 (HSA-Compatible)

+ For information on HSAs, please refer to page 3.



Early Retiree?

Congratulations! It may be time for travel, leisure, maybe even starting a business. You may need guidance and affordable health coverage for you and your spouse, focusing on both your health needs and your financial security. Looking for coverage for prescriptions, hospital inpatient/outpatient services and emergency care?





Empty Nester?

When the kids leave home, you have endless adventures before you. What are your plans? Travel? Leisure? Reassessing your health coverage needs? We can help with the latter. You may be looking for a policy that combines financial security with quality coverage, such as prescription coverage, hospital inpatient/outpatient service and emergency care, from a plan that will follow you in your travels.

Here are options you may want to consider.

If you use only basic health care services and want to keep your monthly payments low...

PPO 40

If you want to cap the amount you'll spend on total medical expenses each year, consider:

PPO 20

PPO 25

If robust coverage is more important to you than the lowest possible cost, consider:

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Here are options that may suit you.

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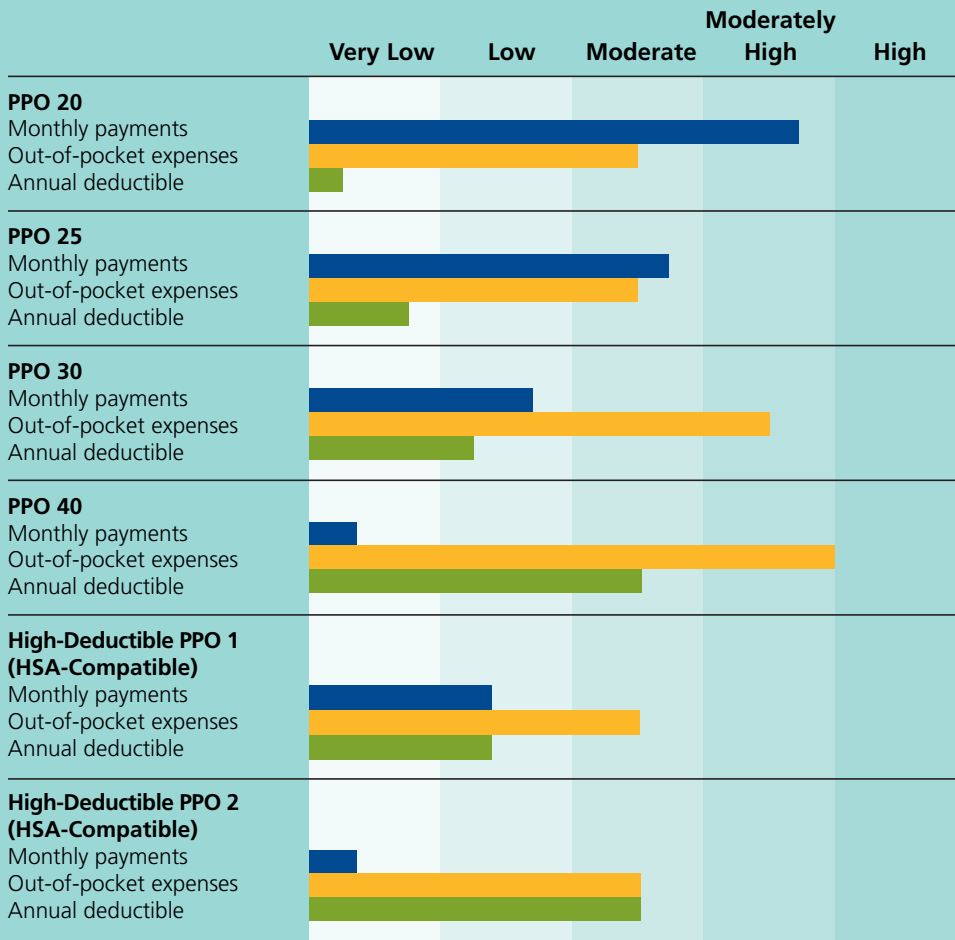


An at-a-glance comparison of Aetna's plans

Which one of our plans is right for you? A lot depends on your priorities. Do you want to keep your payments, or "premiums," as low as possible? Or are you willing to pay a little more each month to help minimize your out-of-pocket costs for services?



FEATURES/BENEFITS COMPARISON*



*Feature/Benefits Comparison is based on analysis of Aetna Advantage Plans with 2/1/06 effective dates. For more information on benefit levels, please refer to the benefit pages and/or the plan design documents.

This chart gives you a quick, at-a-glance look at all of Aetna's Advantage Plans for individuals in Virginia/Washington D.C. It will help you determine your priorities and compare three key features across all the plans:

- Your payments, or premiums
- What you can expect to pay out of your pocket for services and treatment such as office visits and lab procedures (as opposed to what the plan pays for)
- Your annual deductible — that is, how much you'll pay out of pocket before the plan begins covering your expenses.

Visit www.aetna.com/members/individual.html or call 1-800-MY-Health (1-800-694-3258).

VIRGINIA AND WASHINGTON D.C. AETNA ADVANTAGE PLAN OPTIONS

	PPO 20		PPO 25		PPO 30	
MEMBER BENEFITS	In-Network	Out-of-Network**	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Deductible Individual/Family	\$500/\$1,000	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
Lifetime Maximum*	\$5,000,000 per insured		\$5,000,000 per insured		\$5,000,000 per insured	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 copay	50% after deductible	\$25 copay	50% after deductible	\$30 copay	50% after deductible
Specialist Visit	\$30 copay	50% after deductible	\$35 copay	50% after deductible	\$40 copay	50% after deductible
Hospital Admission (also see Maternity)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$100 copay (waived if admitted) 20% after deductible	\$100 copay (waived if admitted) 50% after deductible	\$100 copay (waived if admitted) 20% after deductible	\$100 copay (waived if admitted) 50% after deductible	\$100 copay (waived if admitted) 20% after deductible	\$100 copay (waived if admitted) 50% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$30 copay	50% after deductible	\$35 copay	50% after deductible	\$40 copay	50% after deductible
Maternity Obstetrician Visits	\$30 copay for Initial Visit \$0 thereafter	50% after deductible	\$35 copay for Initial Visit \$0 thereafter	50% after deductible	\$40 copay for Initial Visit \$0 thereafter	50% after deductible
Maternity Hospital	\$2,000 copay 20% after deductible	\$2,000 copay 50% after deductible	\$2,000 copay 20% after deductible	\$2,000 copay 50% after deductible	\$2,000 copay 20% after deductible	\$2,000 copay 50% after deductible
Preventive Health (Annual Physical) (\$200 annual maximum benefit per calendar year*)	\$20 copay	50% after deductible	\$25 copay	50% after deductible	\$30 copay	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY						
Generic (Oral Contraceptives Included)	\$15 copay	\$15 copay plus 50%	\$15 copay	\$15 copay plus 50%	\$15 copay	\$15 copay plus 50%
Brand Name (Calendar Year Deductible per Individual)	\$250 (does not apply to generic)		\$250 (does not apply to generic)		\$500 (does not apply to generic)	
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 copay after deductible	\$25/\$40 copay plus 50% after deductible	\$25/\$40 copay after deductible	\$25/\$40 copay plus 50% after deductible	\$25/\$40 copay after deductible	\$25/\$40 copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000		\$5,000		\$5,000	

* Maximum applies to combined in and out of network benefits

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

Note: For DC only, Alcohol/Drug Abuse: 20% In-Network after deductible. Inpatient hospital/non-hospital residential facility - 28 days per year; outpatient — 30 outpatient visits per year; detox — 12 days per year. Mental illness: inpatient hospital/residential care non-hospital — 45 days per year at 80% in-network. Outpatient — 40 visits at 75%, additional visits at 60% coverage.

A summary of exclusions are listed on page 17. For a full list of benefit coverage and exclusions refer to the plan documents.

VIRGINIA AND WASHINGTON D.C. AETNA ADVANTAGE PLAN OPTIONS

	PPO 40		HIGH DEDUCTIBLE PPO 1 (HSA COMPATIBLE)		HIGH DEDUCTIBLE PPO 2 (HSA COMPATIBLE)	
MEMBER BENEFITS	In-Network	Out-of-Network**	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Deductible Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$2,750/\$5,500	\$5,500/\$11,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	20% after deductible	50% after deductible	20%	50%	0%	0%
Out-of-Pocket Maximum Individual/Family	\$7,500/\$15,000	\$7,500/\$15,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum*	\$5,000,000 per insured		\$5,000,000 per insured		\$5,000,000 per insured	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$40 copay	50% after deductible	\$20 copay	50%	0%	0%
Specialist Visit	\$50 copay	50% after deductible	\$30 copay	50%	0%	0%
Hospital Admission (also see Maternity)	20% after deductible	50% after deductible	20%	50%	0%	0%
Outpatient Surgery	20% after deductible	50% after deductible	20%	50%	0%	0%
Emergency Room	\$100 copay (waived if admitted) 20% after deductible	\$100 copay (waived if admitted) 50% after deductible	20% after \$100 copay (waived if admitted)	50% after \$100 copay (waived if admitted)	0%	0%
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$50 copay	50% after deductible	0% Not Subject to deductible	50%	0% Not Subject to deductible	0%
Maternity Obstetrician Visits	\$50 copay for Initial Visit \$0 thereafter	50% after deductible	\$30 copay for Initial Visit	50%	0%	0%
Maternity Hospital	\$2,000 copay 20% after deductible	\$2,000 copay 50% after deductible	20%	50%	0%	0%
Preventive Health (Annual Physical) (\$200 annual maximum benefit per calendar year*)	\$40 copay	50% after deductible	\$20 copay Not Subject to deductible	50%	\$25 copay Not Subject to deductible	0%
Lab/X-Ray	20% after deductible	50% after deductible	20%	50%	0%	0%
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20%	50%	0%	0%
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)	20%	50% (Aetna will pay a maximum of \$25 per visit.)	0%	0% (Aetna will pay a maximum of \$25 per visit.)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20%	50%	0%	0%
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20%	50%	0%	0%
PHARMACY						
Generic (Oral Contraceptives Included)	\$15 copay	\$15 copay plus 50%	\$15 copay	\$15 copay plus 50%	0%	0%
Brand Name (Calendar Year Deductible per Individual)	\$500 (does not apply to generic)		Integrated Medical/RX deductible		Integrated Medical/RX deductible	
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 copay after deductible	\$25/\$40 copay plus 50% after deductible	\$25/\$40 copay	\$25/\$40 copay plus 50% after deductible	0%	0%
Calendar Year Maximum per Individual*	\$5,000		\$5,000		\$5,000	

* Maximum applies to combined in and out of network benefits

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

Note: For DC only, Alcohol/Drug Abuse: 20% In-Network after deductible. Inpatient hospital/non-hospital residential facility - 28 days per year; outpatient — 30 outpatient visits per year; detox — 12 days per year. Mental illness: inpatient hospital/residential care non-hospital — 45 days per year at 80% in-network. Outpatient — 40 visits at 75%, additional visits at 60% coverage.

A summary of exclusions are listed on page 17. For a full list of benefit coverage and exclusions refer to the plan documents.

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

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

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

A summary of exclusions is listed on page 17. For a full list of benefit coverage and exclusions refer to the plan documents.

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.

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.

Alternative Health Care Program.

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

Visit www.aetna.com/members/individual.html or call 1-800-MY-Health (1-800-694-3258).

Informed Health® Line.

Get answers 24/7 to your health questions via this toll-free hotline staffed by a team of registered nurses: 1-800-556-1555.

Aetna Rx Home Delivery®.

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

Aetna Resource Connection.

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

Aetna Navigator™

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

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

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

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



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.)
- Under age 19 for dependent children
- Between ages 19 and 22 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 Virginia/Washington D.C. 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 findings.
- You may be declined coverage based on significant medical risk factors.

Duplicate coverage

- If you are currently covered by another carrier, you must agree to discontinue the other coverage 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 6 months from your effective date!*

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

It's easy to apply by mail or online!

We make it easy for you to apply for one of our Aetna Advantage Plans for Individuals.

- **Complete and mail the enclosed Enrollment Form**, along with a check for your first month's premium payment, to:
Aetna Advantage Plans, F230,
P.O. Box 61516, King of Prussia, PA 19406-0916.
- **Email us at AetnaAdvantagePlans@Aetna.com** if you have questions, would like to discuss your own unique situation, or want a rate quote.
- **Get a quote and apply online, if you wish, by visiting www.aetna.com/members/individual.html. Then:**
 - 1) Choose your state.
 - 2) Use the helpful information and tools to choose the best plan for you.
 - 3) Click "Get A Quote."
 - 4) Apply online and submit an electronic payment. (Or mail the enclosed Enrollment Form with your first month's premium payment.)
 - 5) Track the status of your application by clicking the site's Apps tab.

* Final rates are subject to underwriting review. Members who age into a new age band will receive a scheduled increase.

Virginia/Washington D.C. Limitations and Exclusions

Visit www.aetna.com/members/individual.html
or call 1-800-MY-Health
(1-800-694-3258).

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.

Medical Limitations and Exclusions (VA & DC) Aetna PPO Plan

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

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents.
- Charges related to any eye surgery mainly to correct refractive errors.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and X-rays.
- Donor egg retrieval.
- Weight control services including surgical procedures for the treatment of obesity, medical treatments, weight control/loss programs.
- Experimental and investigational procedures.
- 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.
 - Medical expenses for a pre-existing condition are not covered for the first 365 days after the member's effective date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature on the application, then the pre-existing conditions exclusion of the plan will be waived.
 - Nonmedically necessary services or supplies.
 - Orthotics.
 - Over-the-counter medications and supplies.
 - Reversal of sterilization.
 - Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling.
 - Special duty nursing.
- ### Dental Limitations and Exclusions
- Listed below are some of the charges and services for which the dental plan does 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.

- 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.
- All other limitations and exclusions in your plan documents.

10-day right to review

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

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

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna Advantage Plans for individuals and families are offered by Aetna Life Insurance Company 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.

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