

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

California

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

We want you to knowSM



Aetna makes it easy for you to choose a health 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 Californians and their families.

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!



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.

Aetna's California Service Area



Here are the California counties where Aetna Advantage Plans are offered:

Alameda	San Diego
Amador	San Francisco
Contra Costa	San Joaquin
El Dorado	San Luis Obispo
Fresno	San Mateo
Kern	Santa Barbara
Kings	Santa Clara
Los Angeles	Santa Cruz
Madera	Solano
Marin	Sonoma
Merced	Stanislaus
Nevada	Sutter
Orange	Tulare
Placer	Tuolumne
Riverside	Ventura
Sacramento	Yolo
San Benito	Yuba
San Bernardino	

Choose the Aetna Advantage plan that best fits your needs

In this booklet, we offer three distinct types of Aetna Advantage health insurance plans in California. All three 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:

California PPO

With the California PPO 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.

California PPO Value

In addition to all the plan features described above, the California PPO Value plan offers you one more: lower premium payments. (That's the "Value" part.) In exchange for these lower premiums, doctor's office visits are covered only after you've reached an annual deductible payment. Also, prescription drug coverage is not as comprehensive as with other Aetna plans.

California High-Deductible PPO (HSA Compatible)

With the California High-Deductible PPO 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 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.

* Consult with your tax advisor to determine eligibility requirements, contribution limits and tax advantages for participation in the HSA plan.

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?



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 5000

PPO 5000 Value

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

PPO 500

PPO 1500

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

PPO 1500

PPO 2500

PPO 2500 Value



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 5000

PPO 5000 Value

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

PPO 1500

PPO 1500 Value

PPO 2500

PPO 2500 Value

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

PPO 500



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 5000

PPO 5000 Value

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

PPO 500

PPO 1500

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

PPO 500



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 5000

PPO 5000 Value

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

PPO 1500

PPO 1500 Value

PPO 2500

PPO 2500 Value

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

High-Deductible PPO 1 (HSA Compatible)

High-Deductible PPO 2 (HSA Compatible)

* Consult with your tax advisor to determine eligibility requirements, contribution limits and tax advantages for participation in the HSA plan.

+ 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.

* Consult with your tax advisor to determine eligibility requirements, contribution limits and tax advantages for participation in the HSA plan.

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

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 5000

PPO 5000 Value

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

PPO 500

PPO 1500

PPO 1500 Value

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

PPO 500

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

High-Deductible PPO 1 (HSA Compatible)

High-Deductible PPO 2 (HSA Compatible)



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 5000

PPO 5000 Value

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

PPO 500

PPO 1500

PPO 1500 Value

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

PPO 500

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

High-Deductible PPO 1 (HSA Compatible)

High-Deductible PPO 2 (HSA Compatible)

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Here are options that may suit you.

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

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PPO 5000 Value

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PPO 500

PPO 1500

PPO 1500 Value

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PPO 500

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

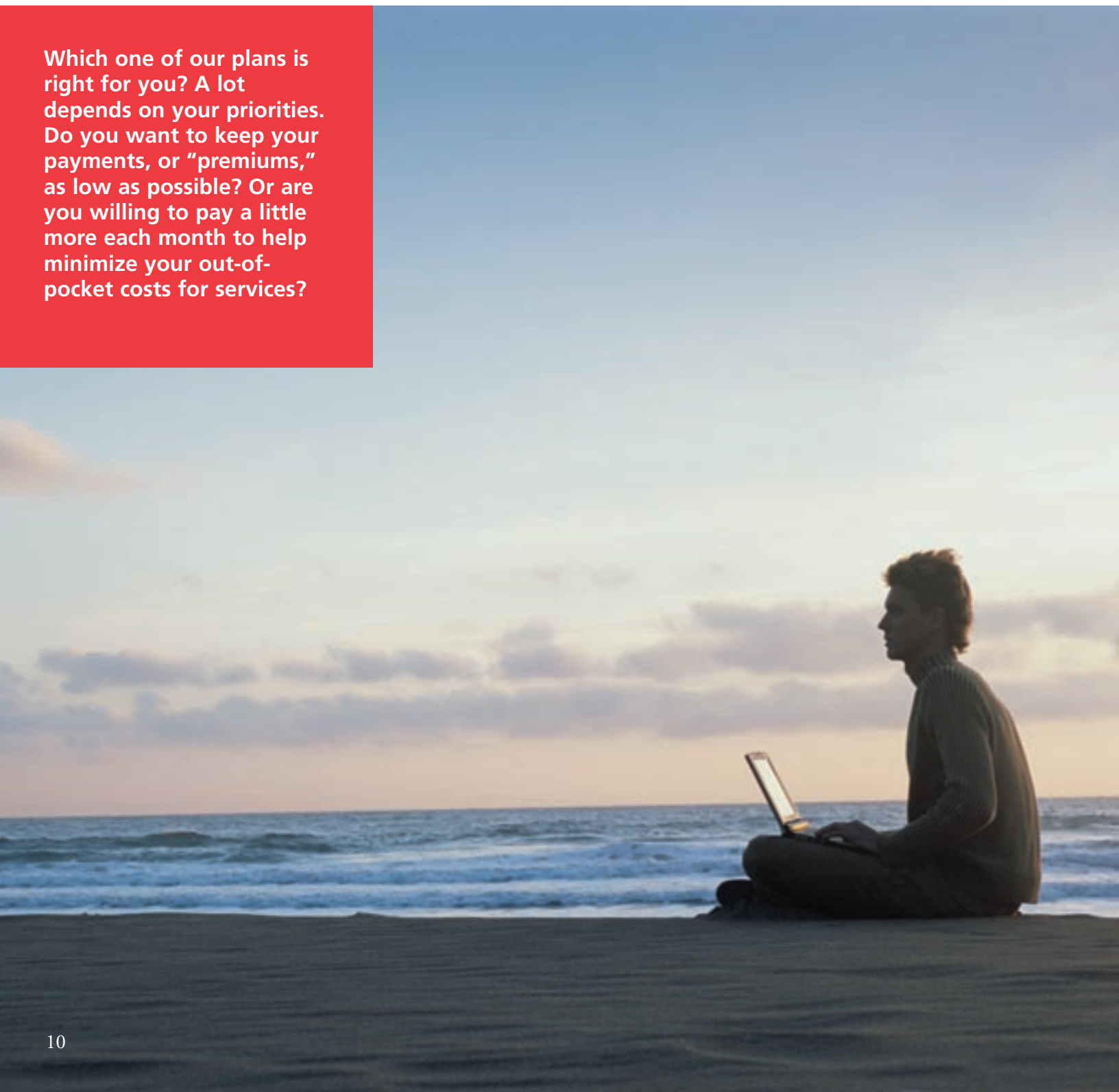
High-Deductible PPO 1 (HSA Compatible)

High-Deductible PPO 2 (HSA Compatible)

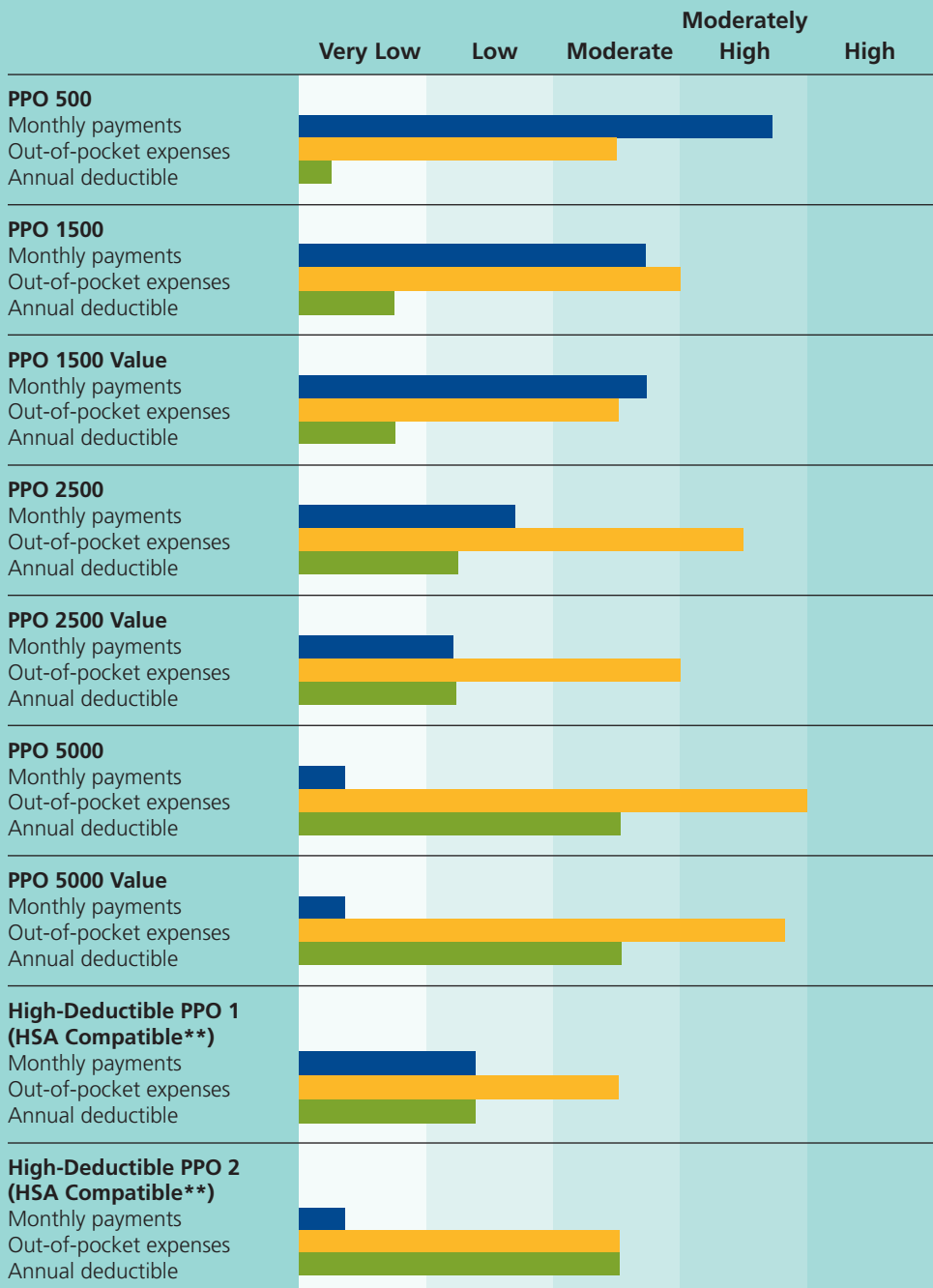


An at-a-glance comparison of Aetna's plans

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*



This chart gives you a quick, at-a-glance look at all of Aetna's Advantage Plans for individuals in California. 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.

*Feature/Benefits Comparison is based on analysis of Aetna Advantage Plans with 7/1/05 effective dates. For more information on benefit levels, please refer to the benefit pages and/or the plan design documents.
 **Consult with your tax advisor to determine eligibility requirements, contribution limits and tax advantages for participation in the HSA plan.

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

	CALIFORNIA PPO 500		CALIFORNIA PPO 1500		CALIFORNIA PPO 2500	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺	In-Network	Out-of-Network ⁺	In-Network	Out-of-Network ⁺
Deductible Individual/Family	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	20%	50%	30%	50%	30%	50%
Coinsurance Maximum	\$4,500/\$9,000	\$9,000/\$18,000	\$4,500/\$9,000	\$9,000/\$18,000	\$4,500/\$9,000	\$7,500/\$15,000
Out-of-Pocket Maximum (Includes Deductible)	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$14,000	\$12,500/\$25,000
Individual/Family Lifetime Maximum*	\$5,000,000		\$5,000,000		\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 Copay (Ded. Waived)	50%	\$30 Copay (Ded. Waived)	50%	\$30 Copay (Ded. Waived)	50%
Specialist Visit	\$40 Copay (Ded. Waived)	50%	\$40 Copay (Ded. Waived)	50%	\$40 Copay (Ded. Waived)	50%
Hospital Admission	20%	50%	30%	50%	30%	50%
Outpatient Surgery	20%	50%	30%	50%	30%	50%
Emergency Room	\$100 copay (waived if admitted); 20% co-insurance		\$100 copay (waived if admitted); 30% co-insurance		\$100 copay (waived if admitted); 30% co-insurance	
Annual Routine OB/Gyn Exam (Annual Pap / Mammogram)	0% (Ded. Waived)	50%	0% (Ded. Waived)	50%	0% (Ded. Waived)	50%
Maternity Obstetrician Visits	Not covered		Not covered		Not covered	
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$30 Copay (Ded. Waived)	50%	\$30 Copay (Ded. Waived)	50%	\$30 Copay (Ded. Waived)	50%
Lab / X-Ray	20%	50%	30%	50%	30%	50%
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20%	50%	30%	50%	30%	50%
Physical / Occupational Therapy (24 visits per calendar year*)	20% (Aetna will pay a max. of \$25 per visit)	50%	30% (Aetna will pay a max. of \$25 per visit)	50%	30% (Aetna will pay a max. of \$25 per visit)	50%
Home Health Care (30 visits per calendar year*)	20%	50%	30%	50%	30%	50%
PHARMACY						
Pharmacy Deductible	\$250 (does not apply to generic)		\$250 (does not apply to generic)		\$500 (does not apply to generic)	
Generic Copay (Contraceptives Included)	\$15 copay	\$15 copay plus 50%	\$15 copay	\$15 copay plus 50%	\$15 copay	\$15 copay plus 50%
Preferred Brand Copay (Oral Contraceptives Included)	\$30 copay after deductible	\$30 copay plus 50% after deductible	\$30 copay after deductible	\$30 copay plus 50% after deductible	\$30 copay after deductible	\$30 copay plus 50% after deductible
Non-Preferred Brand Copay (Oral Contraceptives Included)	\$50 copay after deductible	\$50 copay plus 50% after deductible	\$50 copay after deductible	\$50 copay plus 50% after deductible	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per Individual*	Unlimited		Unlimited		Unlimited	

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

	CALIFORNIA PPO 5000		CALIFORNIA HIGH-Deductible PPO 1 (HSA COMPATIBLE**)		CALIFORNIA HIGH-Deductible PPO 2 (HSA COMPATIBLE**)	
	In-Network	Out-of-Network ⁺	In-Network	Out-of-Network ⁺	In-Network	Out-of-Network ⁺
MEMBER BENEFITS						
Deductible Individual/Family	\$5,000/10,000	\$10,000/\$20,000	\$2,750/\$5,500	\$5,500/\$11,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	30%	50%	20%	50%	0%	0%
Coinsurance Maximum	\$3,000/\$6,000	\$2,500/\$5,000	\$2,250/\$4,500	\$4,500/\$9,000	0%	0%
Out-of-Pocket Maximum (Includes Deductible)	\$8,000/\$16,000	\$12,500/25,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Individual/Family Lifetime Maximum*	\$5,000,000		\$5,000,000		\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$40 Copay (Ded. Waived)	50%	20%	50%	0%	0%
Specialist Visit	\$50 Copay (Ded. Waived)	50%	20%	50%	0%	0%
Hospital Admission	30%	50%	20%	50%	0%	0%
Outpatient Surgery	30%	50%	20%	50%	0%	0%
Emergency Room	\$100 copay (waived if admitted); 30% co-insurance		\$100 copay (waived if admitted); 20% co-insurance		0%	0%
Annual Routine OB/Gyn Exam (Annual Pap / Mammogram)	0% (Ded. Waived)	50%	0% (Ded. Waived)	50%	0% (Ded. Waived)	0%
Maternity Obstetrician Visits	Not covered		Not covered		Not covered	
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$40 Copay (Ded. Waived)	50%	\$20 Copay (Ded. Waived)	50%	\$25 Copay (Ded. Waived)	0%
Lab / X-Ray	30%	50%	20%	50%	0%	0%
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	30%	50%	20%	50%	0%	0%
Physical / Occupational Therapy (24 visits per calendar year*)	30% (Aetna will pay a max. of \$25 per visit)	50%	20% (Aetna will pay a max. of \$25 per visit)	50%	0% (Aetna will pay a max. of \$25 per visit)	0%
Home Health Care (30 visits per calendar year*)	30%	50%	20%	50%	0%	0%
PHARMACY						
Pharmacy Deductible	\$500 (does not apply to generic)		Integrated Medical/RX Deductible		Integrated Medical/RX Deductible	
Generic Copay (Contraceptives Included)	\$15 copay	\$15 copay plus 50%	\$15 copay	\$15 copay plus 50%	0%	0%
Preferred Brand Copay (Oral Contraceptives Included)	\$30 copay after deductible	\$30 copay plus 50% after deductible	\$30 copay	\$30 copay plus 50%	0%	0%
Non-Preferred Brand Copay (Oral Contraceptives Included)	\$50 copay after deductible	\$50 copay plus 50% after deductible	\$50 copay	\$50 copay plus 50%	0%	0%
Calendar Year Maximum per Individual*	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 or supplies were received from a Preferred Provider.

** Consult with your tax advisor to determine eligibility requirements and tax advantages for participation in the HSA plan.

For a full list of benefit coverage and exclusions refer to the plan documents.

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

	CALIFORNIA PPO VALUE 1500		CALIFORNIA PPO VALUE 2500		CALIFORNIA PPO VALUE 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	25%	50%	25%	50%	30%	50%
Coinsurance Maximum	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,500/\$5,000	\$2,500/\$5,000
Out-of-Pocket Maximum (Includes Deductible)	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000	\$7,500/\$15,000	\$12,500/\$25,000
Individual/Family Lifetime Maximum*	\$5,000,000		\$5,000,000		\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	25%	50%	25%	50%	30%	50%
Specialist Visit	25%	50%	25%	50%	30%	50%
Hospital Admission	25%	50%	25%	50%	30%	50%
Outpatient Surgery	25%	50%	25%	50%	30%	50%
Emergency Room	\$100 copay (waived if admitted); 25% coinsurance		\$100 copay (waived if admitted); 25% coinsurance		\$100 copay (waived if admitted); 30% coinsurance	
Annual Routine OB/Gyn Exam (Annual Pap / Mammogram)	0% (Ded. Waived)	50%	0% (Ded. Waived)	50%	0% (Ded. Waived)	50%
Maternity Obstetrician Visits	Not covered		Not covered		Not covered	
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$50 Copay (Ded. Waived)	50%	\$50 Copay (Ded. Waived)	50%	\$50 Copay (Ded. Waived)	50%
Lab / X-Ray	25%	50%	25%	50%	30%	50%
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	25%	50%	25%	50%	30%	50%
Physical / Occupational Therapy (24 visits per calendar year*)	25% (Aetna will pay a max. of \$25 per visit)	50%	25% (Aetna will pay a max. of \$25 per visit)	50%	30% (Aetna will pay a max. of \$25 per visit)	50%
Home Health Care (30 visits per calendar year*)	25%	50%	25%	50%	30%	50%
PHARMACY						
Pharmacy Deductible	\$1,000 (does not apply to generic)		\$1,000 (does not apply to generic)		\$1,000 (does not apply to generic)	
Generic Copay (Contraceptives Included)	\$20 copay	\$20 copay plus 50%	\$20 copay	\$20 copay plus 50%	\$20 copay	\$20 copay plus 50%
Preferred Brand Copay (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 50% after deductible	\$40 copay after deductible	\$40 copay plus 50% after deductible	\$40 copay after deductible	\$40 copay plus 50% after deductible
Non-Preferred Brand Copay (Oral Contraceptives Included)	Not Covered		Not Covered		Not Covered	
Calendar Year Maximum per Individual*	\$2,500		\$2,500		\$2,500	

* 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. 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 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.

Informed Health® Line.

Get 24/7 answers 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 (both you and your spouse)
- 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 California 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 6 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

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:

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



It's easy to apply

We make it easy for you to apply for one of our Aetna Advantage Plans for Individuals. Just follow these three steps:

- 1) Complete and mail the enclosed enrollment form, along with a check for your first month's premium payment.
- 2) Email us at AetnaAdvantagePlans@Aetna.com if you have any questions or would like to discuss your own unique situation. We'll be happy to help and offer guidance. You can also ask us for a rate quote.
- 3) Get a quote and apply online, if you wish, by visiting <http://www.aetna.com/members/individual.html>. Select your state and click on "Get A Quote" on the following screen.

California Limitations and 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.

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) you choose.

Medical Limitations and Exclusions

Aetna PPO Plans

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 the fitting or wearing of dentures
 - Orthodontic care or malocclusion
 - Dental implants
- Experimental services
- Immunizations related to foreign travel
- Insulin pumps

- 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
- Treatment of sexual dysfunction not related to organic disease
- Services to reverse a voluntary sterilization procedure
- In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, zygote intrafallopian 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
- Treatment for mental health or substance abuse not authorized by the plan through its managed care system, or a mental health or substance abuse condition determined by the plan through its managed care system to be untreatable
- Nonmedical ancillary services such as vocational rehabilitation, employment counseling, or educational therapy
- Services that are not medically necessary
- Medical expenses for a pre-existing condition are not covered (full postponement rule) for the first 6 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 HIPAA certificate indicating 18 months of creditable coverage, no pre-existing condition limitation will apply.

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 company that offers, underwrites, or administers insurance coverage is Aetna Life Insurance Company.

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Aetna HealthFund HSA withdrawals are to be used for qualified expenses. Withdrawals will be made at the Account Holder's discretion. Withdrawals that are not for qualified expenses are taxable and will be subject to penalty taxes in certain circumstances.