

Aetna Advantage Plans for Individuals, Families and Sole Proprietors



**Health Coverage For
You and Your Family**

Arizona

**Aetna Advantage
Plans for Individuals,
Families and Sole
Proprietors – Including 2
HSA Compatible Plans**

QUESTIONS?

Please email us at
Aetna@askoleg.com
or call 1-818-987-5000
more information.



"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The PPO product is underwritten by Aetna Life Insurance Company, Inc. through an out-of-state blanket trust.

Why Choose Aetna?

Established

- Aetna offers experience and stability with insurance products
- A strong financial position
- A history of covering prominent companies

Customer Service

- Aetna provides a customer support system, including:
- Skilled and well-trained service representatives
- Informed Health Line®*: members can get the answers to health questions anytime...day or night. The 24 hour toll-free Informed Health Line® is a team of registered nurses who can provide information on a variety of health issues. Informed Health Line® nurses can only provide basic medical information; they can not diagnose, prescribe or give medical advice. Specific questions should be addressed by a doctor.
- Aetna Voice Advantage® system to check claims, change doctors and order ID cards. Plus, accurate and efficient claims processing and a hassle-free renewal process.

Specialty Programs

Alternative Health Care Programs — Offers reduced rates on alternative therapies for members, including visits to chiropractors, acupuncturists, nutritional counselors and massage therapists. Plus, members can save on over-the-counter vitamins and nutritional supplements through the Vitamin Advantage™ Program.

Vision One® Discount Program** — Offering special member discounts on eye care products and services at participating optical centers. Members also can receive up to 15 percent savings on LASIK vision correction and contact lens replacements.

Fitness Program*** — Provides special membership rates at participating health clubs contracted with Global Fit and discounts on certain equipment. Plus, members may even try out the facility before joining.

National Medical Excellence Program® — Helps coordinate covered benefits and provides access to covered treatment for transplants and transplant-related services through the Institute of Excellence network.

*Informed Health Line nurses can only provide basic medical resource information. They cannot diagnose, prescribe or give medical advice. Members should contact their physicians first with any questions or concerns regarding their health care needs.

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

***Availability varies by site.

****Based upon Treasury guidance available as of the print date.

Enjoy the Advantages of the Aetna Plans for Individuals and Families:

Choice

- Choose from our medical plans, including 2 HSA compatible plans.****
- Participating provider network offering a wide selection of physicians and hospitals.

Affordability

- Affordable premiums!
- Coverage for a wide variety of services.
- Coverage for dependents living away from home.

Simplicity

- Aetna Navigator™ (www.aetna.com and select Aetna Navigator) allows you to order ID cards online, e-mail inquiries to Member Services, and access a vast amount of health information.
- DocFind® (www.aetna.com/DocFind and select Aetna Advantage) allows you to search online for physicians, hospitals, pharmacies and eyewear providers in your area.
- Aetna IntelliHealthSM (www.intelihealth.com), our award-winning health information site for health, wellness and disease-specific information.

Service

- First Claim and First Call Resolution for accurate administration and payment of claims.
- Don't have access to the Internet? Call 1-800-MY-HEALTH (1-800-694-3258) for assistance in locating a provider.

New! Aetna Advantage PPO Plans and High Deductible HSA Compatible Plans

Welcome to the Aetna Advantage Product Overview

We are committed to putting you at the center of everything we do. Our consumer-friendly health care coverage and related programs are designed to give you the tools and information you need to lead a healthier life.



NEW! **Aetna Advantage PPO Plans** **effective 8/1/04**

The Aetna Advantage PPO Plan offers members the freedom to go directly to any recognized provider for covered expenses, including specialists. If members choose a provider from Aetna's network of participating physicians and hospitals, out-of-pocket costs will be lower.

- No referrals are required.
- Worldwide emergency care coverage.
- Extensive provider network with national reciprocity.
- No claim forms in-network.
- First dollar coverage and no deductible for generic prescriptions.

- Urgent care benefits.
- Chiropractic benefits included.
- First dollar coverage and no deductible for in-network physician office visits.

NEW! **Aetna High-Deductible** **HSA Compatible Plans** **effective 9/1/04**

When you enroll in one of Aetna's high-deductible PPO plans, you can take advantage of a flexible health benefits plan tied to a Health Savings Account (HSA). HSA's are tax-advantaged* accounts created for the purpose of paying for qualified out-of-pocket medical expenses. For example:

- Tax advantages – HSA contributions made by you are tax-free and earn interest tax-free. Contributions can be made in a lump sum amount and your withdrawals to pay for qualified health care expenses are tax free too!
- Ownership – funds in your HSA roll over from year to year and are yours to keep, even if you change health plans, jobs, or are self-employed.
- An opportunity to save for future medical, COBRA, certain long-term care insurance expenses.

*Members should consult with their tax advisors to determine eligibility requirements, contribution limits, and tax advantages for participating in the HSA plan.

Aetna's Individual Purchaser Solution — another reason to select one of Aetna Advantage Individual PPO plans!

We have built a website that will make it easier for you to enroll in an Aetna health plan.



It's fast, it's easy, and it's convenient!

All you have to do is click on [Get A Quote](#) to review all the Aetna Advantage Plans available in your area. We offer a variety of plans for individual, families and sole proprietors*. You can view the plan benefits, request a quote and receive rates, as well as download the Aetna Advantage Enrollment Form. If you choose to apply for an Aetna Advantage Plan, you will also be able to track your enrollment status on-line.

Getting a quick quote is as easy as 1...2...3...

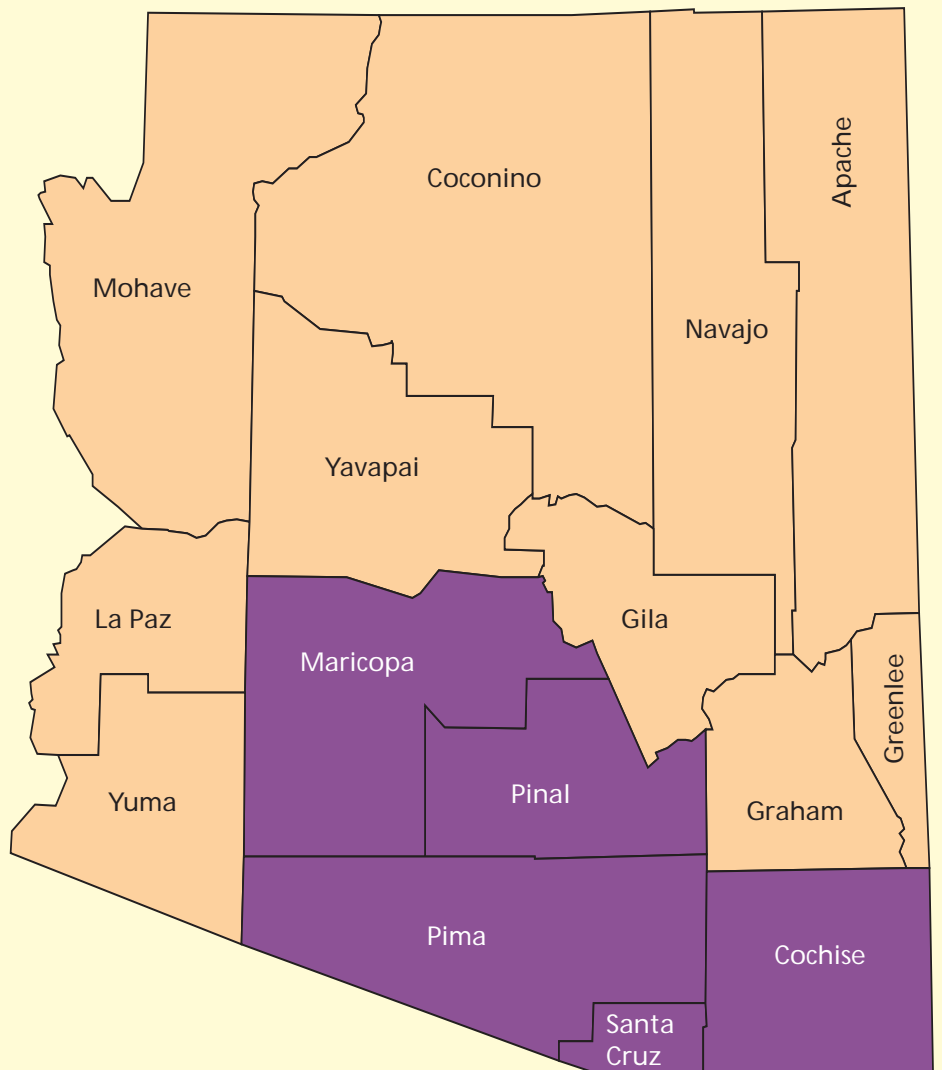
- 1) Log on to: <http://www.aetna.com/members/individual.html>
- 2) Once on the page, click your state, and then click "Get a Quick Quote Now" on the subsequent page. (see screen shot to your left).
- 3) You then be in the new Individual Purchaser Solution system


*In some states Sole Proprietors can be eligible for Small Group healthcare plans.



Aetna Advantage Plan Service Areas for Arizona

Use DocFind
(<http://www.aetna.com/docfind>)
to search online for physicians,
hospitals, pharmacies, and eyewear
providers in your area.



 PPO Plans available in these counties only.

ARIZONA AETNA ADVANTAGE PLAN OPTIONS

PPO 500		
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual/Family	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family	\$2,000/\$4,000	\$2,500/\$5,000
Lifetime Maximum*	\$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
Specialist Visit**	\$35 Copay	50% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	\$100 Copay (waived if admitted) 50% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$35 Copay	50% after deductible
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 Copay	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (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)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
Urgent Care	\$50 Copay	50% after deductible
PHARMACY		
Generic (Contraceptives Included)	\$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)
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

*Maximum applies to combined in and out of network benefits

**Maternity and pregnancy related expenses are not covered.

+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.

ARIZONA AETNA ADVANTAGE PLAN OPTIONS

PPO 1500		
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family	\$3,000/\$6,000	\$4,500/\$9,000
Lifetime Maximum*	\$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
Specialist Visit**	\$35 Copay	50% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	\$100 Copay (waived if admitted) 50% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$35 Copay	50% after deductible
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 Copay	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (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)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
Urgent Care	\$50 Copay	50% after deductible
PHARMACY		
Generic (Contraceptives Included)	\$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)
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

*Maximum applies to combined in and out of network benefits

**Maternity and pregnancy related expenses are not covered.

⁺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.

ARIZONA AETNA ADVANTAGE PLAN OPTIONS

PPO 2500		
MEMBER BENEFITS	In-Network	Out-of-Network [†]
Deductible Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family	\$5,000/\$10,000	\$7,500/\$15,000
Lifetime Maximum*	\$5,000,000 per insured	\$5,000,000 per insured
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 Copay	50% after deductible
Specialist Visit**	\$40 Copay	50% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	\$100 Copay (waived if admitted) 50% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$40 Copay	50% after deductible
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 Copay	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (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)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
Urgent Care	\$50 Copay	50% after deductible
PHARMACY		
Generic (Contraceptives Included)	\$15 Copay	\$15 Copay plus 50%
Brand Name (Calendar Year Deductible per Individual)	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

*Maximum applies to combined in and out of network benefits

**Maternity and pregnancy related expenses are not covered.

[†]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.

ARIZONA AETNA ADVANTAGE PLAN OPTIONS

PPO 5000		
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family	\$7,500/\$15,000	\$12,500/\$25,000
Lifetime Maximum*	\$5,000,000 per insured	\$5,000,000 per insured
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 Copay	50% after deductible
Specialist Visit**	\$40 Copay	50% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	\$100 Copay (waived if admitted) 50% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$40 Copay	50% after deductible
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 Copay	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (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)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
Urgent Care	\$50 Copay	50% after deductible
PHARMACY		
Generic (Contraceptives Included)	\$15 Copay	\$15 Copay plus 50%
Brand Name (Calendar Year Deductible per Individual)	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

*Maximum applies to combined in and out of network benefits

**Maternity and pregnancy related expenses are not covered.

+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.

ARIZONA AETNA ADVANTAGE PLAN OPTIONS

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

*Maximum applies to combined in and out of network benefits

**Maternity and pregnancy related expenses are not covered.

Note: 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.

ARIZONA AETNA ADVANTAGE PLAN OPTIONS HIGH DEDUCTIBLE

HIGH DEDUCTIBLE PPO 2 (HSA COMPATIBLE)		
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual/Family	\$5,000 Ind/\$10,000 Family	\$10,000 Ind/\$20,000 Family
Coinsurance	0%	0%
Out-of-Pocket Maximum Individual/Family	\$5,000 Ind/\$10,000 Family	\$10,000 Ind/\$20,000 Family
Lifetime Maximum*	\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0%	0%
Specialist Visit**	0%	0%
Hospital Admission**	0%	0%
Outpatient Surgery	0%	0%
Emergency Room	0%	0%
Annual Routine Ob/Gyn Exam (Annual Pap/Mammogram)	0% Not Subject to deductible	0%
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 copay Not Subject to deductible	0%
Lab/X-Ray	0%	0%
Skilled Nursing (in lieu of hospital (30 days per calendar year*))	0%	0%
Physical/Occupational Therapy Chiropractic Care (24 visits per calendar year*)	0% (Aetna will pay a maximum of \$25 per visit.)	0% (Aetna will pay a maximum of \$25 per visit.)
Home Health (30 visits per calendar year*)	0%	0%
Durable Medical Equipment (\$2,000 per calendar year*)	0%	0%
Urgent Care	0%	0%
PHARMACY		
Generic (Contraceptives Included)	0%	0%
Brand Name (Calendar Year Deductible per Individual)	Integrated Medical/RX deductible	Integrated Medical/RX deductible
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	0%	0%
Calendar Year Maximum per Individual*	\$5,000	\$5,000

*Maximum applies to combined in and out of network benefits

**Maternity and pregnancy related expenses are not covered.

Note: 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 Enrollment Guidelines

To qualify for enrollment you must be:

- Under age 64 3/4 (applicant and enrolling spouse).
- Under age 19 (dependent children of the subscriber or enrolling spouse).
- Between the ages of 19 and 23 (unmarried dependent children with proof of full-time student status).
- Legal residents within the state and Aetna Advantage Plan Service Area.
- Legal U.S. resident 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 and Accountability Act (HIPAA) for a guaranteed issued individual plan.
- All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.
- Aetna offers various levels of coverage based on the known and predicted medical risk factors of each applicant. A member with minimal health risks should not be required to subsidize the cost of covering a member predicted to require costly care.

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

- Applicants who are currently covered by another carrier 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 twelve months following a member's effective date of coverage, no coverage will be provided for the treatment of pre-existing conditions unless the individual has a Creditable Coverage HIPAA certificate in which case no pre-existing condition limitation will apply.
- A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage.

Terms of Coverage

- Coverage remains in effect as long as the required premium charges are paid on time and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to:
 1. Non-payment of premiums
 2. Residency requirements
 3. Obtaining duplicate coverage
 4. No longer meeting the definition of an eligible dependent.

Medical Limitations and Exclusions



These medical 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.

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

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.
- Cosmetic surgery.
- Custodial care.
- Donor egg retrieval.
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs.
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial).
- Charges in connection with pregnancy care other than for pregnancy complications.
- Immunizations for travel or work.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services including artificial insemination and advanced reproductive technologies such as IVE, 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 (full postponement rule) 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 180 days prior to the effective date. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage the member has as of the effective date.
- Nonmedically necessary services or supplies.
- Orthotics.
- Over-the-counter medications and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered in the plan documents.
- Mental health in-network services for PPO plans not covered, except for severe biologically based mental or nervous disorders. Not covered out-of-network.

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 denied, you'll be notified by mail. If 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, return the contract to us within 10 days. We will refund any premium paid (including any contract fees or other charges, if any) less the cost of any services paid on behalf of the Subscriber or any covered dependent.

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This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna arranges for the provision of healthcare services. However, Aetna itself is not a provider of healthcare services and therefore cannot guarantee results or outcomes. Consult the plan documents (Summary of Coverage and booklet-certificate) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by service area. With the exception of Aetna Rx Home Delivery® service, participating providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

Aetna assumes no responsibility for any circumstance arising out of the use, misuse, interpretation or application of any information supplied by Aetna IntelliHealth. Information supplied by Aetna IntelliHealth is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Specific questions should be addressed by your doctor. Alternative health care programs, Vision One and the fitness program are rate-access programs and may be in addition to any plan benefits. Program providers are solely responsible for the products and services provided thereunder. Aetna does not endorse any vendor, product or service associated with these programs. Discounts offered hereunder are not insurance.

Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain prior approval of coverage for certain services, such as non-emergency inpatient hospital care. If your plan covers outpatient prescription drugs, your plan may include a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification [and step therapy], please refer to Aetna's website at www.aetna.com, or the Aetna Medication Formulary Guide. Many drugs, including many of those listed on the formulary, are subject to rebate arrangements between Aetna and the manufacturer of the drugs.

Rebates received by Aetna from drug manufacturers are not reflected in the cost paid by a member for a prescription drug. In addition, in circumstances where your prescription plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

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