Take charge of your health. We're here to help.

AETNA ADVANTAGE PLANS FOR INDIVIDUALS, FAMILIES AND THE SELF-EMPLOYED IN LOUISIANA

Aetna®

AA.02.311.1-LA (10/09)

Aetna Advantage plan choices

Our health insurance plans are designed to offer you quality coverage at an excellent value. Coverage can include prescription drugs, doctor visits, hospitalization and preventive care services.

Generally speaking, the lower your "premiums," or monthly payments, the higher your "deductible," which is the amount you pay out of pocket before the plan begins paying for expenses.

You'll pay less by using "in-network" doctors, hospitals, pharmacies and other health care providers who participate in Aetna's nationwide network than by using "out-of-network" doctors.

Visit **www.planforyourhealth.com** for an in-depth list of terms in this brochure and what they mean.

About HSAs

Many of our high-deductible plans are Health Savings Account (HSA) Compatible, offering you lower premiums and tax advantaged savings. An HSA is a personal account that lets you pay for qualified medical expenses with tax advantaged funds. You or an eligible family member make contributions to your HSA tax-free, and those dollars earn interest tax-free. Then, when you make withdrawals from your account to pay for qualified health care expenses, they're tax-free, too.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

It's easy to establish a Health Savings Account…

Simply enroll in an Aetna HSA Compatible High Deductible Health Plan and you will automatically have an HSA opened through Bank of America. You will also receive a debit card and a welcome package with additional information to get you started.

If you do not wish to set up an HSA, you can opt out by calling Bank of America – or the account will be automatically canceled after 90 days if the debit card is not activated or if you do not enroll online.

Why choose an Aetna HealthFund HSA?

- No set-up fees
- No monthly administration fee
- No withdrawal forms required
- Convenient access to HSA funds via debit card or online
- Track HSA activity through Aetna Navigator®

Is your doctor in the Aetna network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the nationwide Aetna Advantage Plan network? Visit **www.aetna.com/docfind/custom/advplans**. Or call **1-800-694-3258** and ask for a directory of providers.

Get more from your Aetna plan

Cover just your children

Aetna Advantage Plans are also available for children only, which means you can enroll your child even if no other family member enrolls. Coverage includes immunizations, well-child visits, emergency room and dental preventive services (if a dental plan is selected).

Note: when an HSA Compatible plan is selected for child only enrollment, an HSA account is not available for the child.

Add Dental PPO Max

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

Plan Details

1) First Dollar PPO plan options

Robust coverage and lower out-of-pocket expenses with no deductibles when you choose a network provider

Featuring:

- Lower copay for in-network provider visits
- No deductible for generic prescription drugs

2) PPO plan options

Robust coverage and lower monthly payments balanced with a deductible…where you don't want to pay a lot for frequent doctor visits

Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels

3) PPO High Deductible plan options

Lower premium costs…and an HSA-compatible plan that offers tax advantaged savings

Featuring:

- 0% coinsurance in network after your deductible is met
- Lower monthly premiums, higher annual deductibles (at least $3,000 for individuals and $6,000 for families)
- Can be paired with a tax-advantaged Health Savings Account (HSA)

4) PPO Value plan options

Affordability — a balance of lower monthly premiums and quality coverage…where you want to cap the amount you'll spend on total medical expenses each year

Featuring:

- Lower monthly premiums (that's the "Value" part)
- No deductible for generic prescription drugs

5) Preventive and Hospital Care plan options

Affordability is one of your top priorities and you use only basic health care services…and want to keep your monthly premiums lower

Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels

6) PPO 7500 with Unlimited Primary Care Visits plus Dental

Medical, dental and eye care savings bundled together...at a reasonable cost

Featuring:

- One monthly payment for medical, dental and eye care savings
- Lower monthly premiums, higher annual deductibles (at least $7,500 for individuals and $15,000 for families)
- 100% coverage for diagnostic and preventive dental services from a preferred provider

PLUS ... THESE BENEFITS ARE INCLUDED WITH MOST OF OUR PLANS.

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist*
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs*
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

* These benefits are not applicable to Preventive and Hospital Care plans

AETNA'S LOUISIANA RATINGS AREAS*

Your rates will depend on the area in which your county is located.

For more information or a quote on what your rate would be, call your broker.

Area 1 Counties

Allen
Ascension
Beauregard
Calcasieu
Cameron
East Baton Rouge
East Feliciana
Iberville
Jefferson Davis
Livingston
Pointe Coupee
Saint Helena
Tangipahoa
West Baton Rouge
West Feliciana

Area 2 Counties

Assumption
Jefferson
Lafourche
Orleans
Plaquemines
Saint Bernard
Saint Charles
Saint James
Saint Tammany
Saint John the Baptist
Terrebonne
Washington

Area 3 Counties

Bienville
Bossier
Caddo
Caldwell
Catahoula
Claiborne
De Soto
Franklin
Grant
Jackson
Lincoln
Natchitoches
Ouachita
Red River
Richland
Sabine
Union
Webster
West Carroll
Winn

Area 4 Counties

Acadia
Evangeline
Iberia
Lafayette
Saint Landry
Saint Martin
Saint Mary
Vermillion

Area 5 Counties

Avoyelles
Concordia
East Carroll
La Salle
Madison
Morehouse
Rapides
Tensas
Vernon

* All products not available in all counties. Please refer to the county in which you reside for the available product.

1)

First Dollar PPO 30

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	$0 $0	$5,000 $10,000
Coinsurance (Member's responsibility)	30% up to out-of-pocket max.	50% up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	$7,500 $15,000	$7,500 $15,000
Out-of-Pocket Maximum Individual Family	$7,500 $15,000	$12,500 $25,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$30 copay	50% after deductible
Specialist Visit *(Includes Chiropractic Care Visits)*	$40 copay	50% after deductible
Hospital Admission	30%	50% after deductible
Outpatient Surgery	30%	50% after deductible
Urgent Care Facility	$50 copay	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 30% coinsurance	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$30 copay	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	30%	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	30%	50% after deductible
Physical/Occupational Therapy *24 visits per calendar year**	30%	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	30%	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	30%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	$500	$500
	Does not apply to generic	
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$40 copay after deductible	$40 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	$60 copay after deductible	$60 copay plus 50% after deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

First Dollar PPO 40

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	$0 $0	$7,000 $14,000
Coinsurance (Member's responsibility)	40% up to out-of-pocket max.	50% up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	$12,500 $25,000	$5,500 $11,000
Out-of-Pocket Maximum Individual Family	$12,500 $25,000	$12,500 $25,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$40 copay	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	$50 copay	50% after deductible
Hospital Admission	40%	50% after deductible
Outpatient Surgery	40%	50% after deductible
Urgent Care Facility	$50 copay	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 40% coinsurance	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$40 copay	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	40%	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	40%	50% after deductible
Physical/Occupational Therapy *24 visits per calendar year**	40%	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	40%	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	40%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic *Oral Contraceptives Included*	$20 copay	$20 copay plus 50%
Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna Discount Applies*	Not covered
Non-Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna Discount Applies*	Not covered
Calendar Year Maximum per individual*	Unlimited	Unlimited

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

** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

\+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

2)

PPO 1000

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Out-of-Pocket Maximum		
Individual	$2,500	$3,500
Family	$5,000	$7,000
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$20 copay deductible waived	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	$30 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	$50 copay deductible waived	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$20 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
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 *24 visits per calendar year**	20% after deductible	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	$250	$250
	Does not apply to generic	
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$25 copay after deductible	$25 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	$40 copay after deductible	$40 copay plus 50% after deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

PPO 2500

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Out-of-Pocket Maximum		
Individual	$5,000	$7,500
Family	$10,000	$15,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$30 copay deductible waived	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	$40 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	$50 copay deductible waived	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$30 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
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 *24 visits per calendar year**	20% after deductible	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	$500	$500
	Does not apply to generic	
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$25 copay after deductible	$25 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	$40 copay after deductible	$40 copay plus 50% after deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

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

** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

\+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

PPO 5000

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	$5,000	$10,000
Family	$10,000	$20,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Out-of-Pocket Maximum		
Individual	$7,500	$12,500
Family	$15,000	$25,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$40 copay deductible waived	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	$50 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	$50 copay deductible waived	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$40 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
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 *24 visits per calendar year**	20% after deductible	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	$500	$500
	Does not apply to generic	
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$25 copay after deductible	$25 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	$40 copay after deductible	$40 copay plus 50% after deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

* Maximum applies to combined in and out-of-network benefits.
** Copay is billed separately and not due at time of service. Copy does not count towards coinsurance or out-of-pocket maximum.

3) PPO High Deductible 3000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	$3,000	$6,000
Family	$6,000	$12,000
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	$0	$6,500
Family	$0	$13,000
Out-of-Pocket Maximum		
Individual	$3,000	$12,500
Family	$6,000	$25,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	$0 copay after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$20 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	0% after deductible	50% after deductible
Physical/Occupational Therapy *24 visits per calendar year**	0% after deductible	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	0% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/Rx Deductible	
Generic *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Non-Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

\+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

PPO High Deductible 5000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	$5,000	$10,000
Family	$10,000	$20,000
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	$0	$2,500
Family	$0	$5,000
Out-of-Pocket Maximum		
Individual	$5,000	$12,500
Family	$10,000	$25,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	$0 copay after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	0% after deductible	50% after deductible
Physical/Occupational Therapy *24 visits per calendar year**	0% after deductible	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	0% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/Rx Deductible	
Generic *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Non-Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

* Maximum applies to combined in and out-of-network benefits.
** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
*** Brokers: please see broker information about commissions for these plans.

4) PPO Value 2500***

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance (Member's responsibility)	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Out-of-Pocket Maximum		
Individual	$5,000	$10,000
Family	$10,000	$20,000
	Includes deductible	
Lifetime Maximum* per insured	$3,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	Visit 1-2 $30 copay, deductible waived. Visit 3+ 30% after deductible. Specialist and Non Specialist share visit max.	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	Visit 1-2 $30 copay, deductible waived. Visit 3+ 30% after deductible. Specialist and Non Specialist share visit max.	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Urgent Care Facility	$50 copay deductible waived	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$50 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	30% after deductible	50% after deductible
Physical/Occupational Therapy *24 visits per calendar year**	30% after deductible	50% after deductible
	*Aetna will pay a max. of $25 per visit**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	30% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	30% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	$500	$500
	Does not apply to generic	
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$35 copay after deductible	$35 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	$50 copay after deductible	$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	$5,000	$5,000

\+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

5) Preventive and Hospital Care 1250

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	$1,250 $2,500	$2,500 $5,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of pocket max.	50% after deductible up to out-of pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	$2,500 $5,000	$5,000 $10,000
Out-of-Pocket Maximum Individual Family	$3,750 $7,500	$7,500 $15,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	Not covered++	Not covered++
Specialist Visit *(Includes Chiropractic Care visits)*	Not covered++	Not covered++
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible++	50% after deductible++
Urgent Care Facility	Not covered	Not covered
Emergency Room	$100 copay** (waived if admitted) 20% coinsurance after deductible++	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	Not covered++	Not covered++
Skilled Nursing — in lieu of hospital *30 days per calendar year**	20% after deductible	50% after deductible
Physical/Occupational Therapy *24 visits per calendar year**	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	Not covered++	Not covered++
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic *Oral Contraceptives Included*	$15 copay	$15 copay plus 50%
Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna Discount Applies*	Not covered
Non-Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna Discount Applies*	Not covered
Calendar Year Maximum per individual*	Unlimited	Unlimited

* Maximum applies to combined in and out-of-network benefits.
** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

Preventive and Hospital Care 3000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	$3,000 $6,000	$6,000 $12,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	$2,000 $4,000	$4,000 $8,000
Out-of-Pocket Maximum Individual Family	$5,000 $10,000	$10,000 $20,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	Not covered++	Not covered++
Specialist Visit *(Includes Chiropractic Care visits)*	Not covered++	Not covered++
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible++	50% after deductible++
Urgent Care Facility	Not covered	Not covered
Emergency Room	$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$35 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	Not covered++	Not covered++
Skilled Nursing — in lieu of hospital *30 days per calendar year**	20% after deductible	50% after deductible
Physical/Occupational Therapy *24 visits per calendar year**	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	Not covered++	Not covered++
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic *Oral Contraceptives Included*	Not covered *Aetna Discount Applies*	Not covered
Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna Discount Applies*	Not covered
Non-Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna Discount Applies*	Not covered
Calendar Year Maximum per individual*	Not Applicable	Not Applicable

\+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.
++ Please see page 26 for a list of covered services.

Aetna Advantage Plan options
Individual Dental PPO Max plan

MEMBER BENEFITS	Preferred	NonPreferred
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	$25; $75 family max.	$25; $75 family max.
Annual Maximum Benefit	Unlimited	Unlimited
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% ded. waived	100% ded. waived
Comprehensive oral exam	100% ded. waived	100% ded. waived
Problem-focused oral exam	100% ded. waived	100% ded. waived
X-rays		
Bitewing — single film	100% ded. waived	100% ded. waived
Complete series	100% ded. waived	100% ded. waived
PREVENTIVE SERVICES		
Adult cleaning	100% ded. waived	100% ded. waived
Child cleaning	100% ded. waived	100% ded. waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% ded. waived	100% ded. waived
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after ded.	100% after ded.
Resin fillings — 2 surfaces	Discount	Not covered
Oral Surgery		
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 based)	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

Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist.

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.

Above list of covered services is representative. A summary of exclusions is listed later in this brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

6) NEW FOR 2009

PPO 7500 with Unlimited Primary Care Visits plus Dental

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	$7,500 $15,000	$10,000 $20,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	$2,500 $5,000	$2,500 $5,000
Out-of-Pocket Maximum Individual Family	$10,000 $20,000	$12,500 $25,000
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$30 copay deductible waived	50% after deductible
Specialist Visit *(Includes Chiropractic Care visits)*	20% after deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	$50 copay deductible waived	50% after deductible
Emergency Room	$150 copay** (waived if admitted) after deductible	
Annual Routine Gyn Exam *No waiting period, no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered *(except for pregnancy complications)*	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* No waiting period*	$30 copay deductible waived	50% after deductible
	Includes lab and X-rays	
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 *24 visits per calendar year**	20% after deductible	50% after deductible
	*Aetna will pay up to $25 per visit max.**	
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2000 per calendar year**	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	Not covered	Not covered
Non-Preferred Brand *Oral Contraceptives Included*	Not covered	Not covered
Calendar Year Maximum per individual*	Unlimited	Unlimited

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

** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

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

Aetna special programs

Aetna Advantage plans include special programs[1] to complement our standard health insurance coverage. These programs *include health information programs and tools, and offer you access to substantial savings on products* to help you stay healthy. These programs are offered in addition to your Aetna Advantage Plan and are NOT insurance.

Aetna Vision℠ Discount Program

Aetna Vision℠ discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

Aetna Natural Products and Services℠ Discount Program

Eligible Aetna members and their families can access complementary health care products and services at reduced rates through the Aetna Natural Products and Services discount program. Members can save on acupuncture, chiropractic care, massage therapy and dietetic counseling as well as on over-the-counter vitamins, herbal and nutritional supplements and other health-related products.

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

Aetna Fitness℠ Discount Program

Eligible Aetna members and their families can access the GlobalFit™ national network of nearly 10,000 fitness clubs, in the United States and Canada, at preferred rates*. In addition, members can access other programs such as at-home weight loss programs, home fitness options and even one-on-one health coaching** services.

Aetna Weight Management℠ Discount Program

The Weight Management℠ discount program can help you achieve your weight loss goals by providing you with a sensible weight loss plan and balanced nutrition guide to fit your lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products.

Aetna Hearing℠ Discount Program

Aetna's Hearing℠ discount program help Aetna members and their families save on hearing exams, hearing services and hearing aids.

Aetna Rx Home Delivery®

With this mail order delivery 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**.

Informed Health® Line

Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.

Aetna Navigator®

Register and log on to Aetna Navigator, Aetna's secure member website, to check claims status, contact Aetna Member Services, estimate the costs of health care services, and more. Our new Aetna Navigator Health Information Guide provides a starting point to find answers about health care, types of treatment, cost of services and more to help members make more informed decisions. Plus, members have access to their own Personal Health Record***, a single, secure place where they can view their medical history and add other health information.

* At some clubs, participation in this program may be restricted to new club members.
** Provided by WellCall, Inc. through GlobalFit.
*** The Aetna Personal Health Record should not be used as the sole source of information about your health conditions or medical treatment.

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

WANT TO SAVE ON DENTAL EXPENSES?

Vital Savings by Aetna® is a discount program that provides you with dental savings. This is not insurance. Enrolling in the program will give you access to a network of providers who have agreed to accept discounted rates for services. To sign up today, visit **www.vitalsavings.com** or call **1-877-698-4825**.

The Vital Savings by Aetna® program (the "Program") is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Medical Plan Organization.

Discount programs provide access to discounted prices and are NOT insured benefits.

Things you need to know

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.)
- Dependents (includes grandchildren who are in the legal custody of the insured) up to age 21; between the ages of 21 and 24 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 six continuous months

Your premium payments

Your rates are guaranteed not to increase for 12 months from your effective date once you've been accepted for coverage. After that, your premiums may change. Final rates are subject to underwriting review.

Your coverage

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

- Non-payment of premiums
- Becoming a resident of a state or location in which Aetna Advantage Plans are not available
- Obtaining duplicate coverage
- For other reasons permissible by law

EASY-PAY

Simple Automatic Payments via Electronic Funds Transfer (EFT)

Registration: Complete the payment section of the Aetna Advantage Plans application. Select the EFT option to approve the automatic withdrawal of your initial premium and all subsequent premium payments.

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

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

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

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

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

Levels of coverage & enrollment

- You may be enrolled in your selected plan at the premium charge.
- *You may be enrolled in your selected plan at a higher premium, based on medical underwriting.*
- You may be declined coverage based on medical underwriting.

Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals may qualify as federally eligible under the Health Insurance Portability Accountability Act (HIPAA) through the Louisiana Comprehensive Health Insurance Pool (CHIP).

All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate premium rate level.

We offer various premium rate levels based on the medical underwriting of each applicant.

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.

Duplicate coverage

If you are currently covered by another carrier, you must agree to discontinue the other coverage before or on the effective date of the Aetna Advantage Plan. Do not cancel your current insurance until you are notified that you have been accepted for coverage and are certain that you are keeping your Aetna Advantage Plan coverage.

Limitations & exclusions

Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. You should refer to your 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). 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
- Ambulance coverage is limited to $1,000 per trip.
- 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 IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Non-medically 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

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 prior creditable coverage.

A preexisting condition is an illness, disease, physical condition, or injury for which medical advice, or treatment was recommended or received and/or the use of prescription drugs of any kind within six months preceding the effective date of coverage. Services or supplies for the treatment of a preexisting condition are not covered for the first 12 months after the member's effective date. If the member had continuous prior creditable coverage within the 63 days immediately preceding the signature on the application and meets certain other requirements, then the preexisting condition exclusion of 12 months may not apply.

- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Chemical dependency, and substance abuse not covered
- Mental health not covered, exept for Attention deficit/hyperactivity discorder
- Coverage for Diabetes - includes equiptments, supplies and self-management training associated with Diabetes, Artificial limbs and prosthetic services

For the Preventive and Hospital Care Plans the following expenses are covered as it mandated according to Louisiana legislation:

- Chiropractic Care (20% for in-network/50% for out-of-network)

Outpatient Hospital Expenses, Physician/ Specialist Office Visits Expenses, Outpatient diagnostic lab & X-ray expenses and Durable Medical/Surgical equipment for the following:

- Anesthesia and Associated Hospitalization for Certain Dental Care benefit
- Cleft Lip/Palate benefit
- Routine Screening for Cancer (including Colorectal Cancer)
- Diabetic Equipment, Supplies and Self-Management Education benefit
- Treatment of Attention Deficit/Hyperactivity Disorder benefit
- Coverage for Cancer Clinical Trials benefit
- Short-Term Rehabilitation Expenses benefit
- Hearing Aid Expenses for Children benefit
- Bone Density Measurements
- Mastectomy and Related Procedures

Dental

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

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance. *Negotiated rates for cosmetic procedures available when a participating dentist is accessed.*
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost or stolen appliances and certain damaged appliances
- 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

notes

Call your broker.

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

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

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Health/Dental insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug makers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Information is believed to be accurate as of production date, however, it is subject to change.

For more information about Aetna plans, refer to **www.aetna.com**.

Aetna®

AA.02.311.1-LA (10/09)