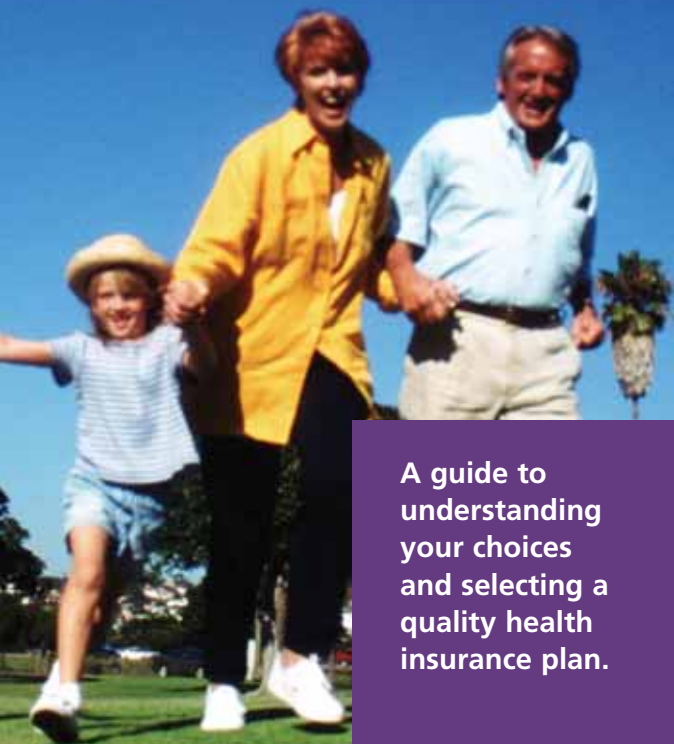


Take charge of your health. We're here to help.

**Aetna Advantage plans for individuals,
families and the self-employed**

Georgia



**A guide to
understanding
your choices
and selecting a
quality health
insurance plan.**

We want you to know[®]



Here are your Aetna Advantage plan choices

Here are Aetna's Advantage health insurance plan choices in Georgia. For specifics on these plans, see the charts beginning on page 5:

PPO Plans

- 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.)
- No claim forms to fill out when you visit a network provider.
- No referrals required to see a specialist.

PPO Value Plans

- Low monthly premiums (that's the "Value" part).
- Nominal copay for doctor's office visits; annual deductible waived before coverage begins.
- Coverage for generic and preferred brand prescription drugs.

PPO High Deductible Plans (HSA Compatible)

- Low monthly premiums, high annual deductibles (at least \$3,000 for individuals and \$6,000 for families).
- Can be paired with a tax-advantaged Health Savings Account (see "About HSAs" on page 3).

First Dollar PPO Plan

- Freedom from deductibles when you choose an Aetna provider (a pharmacy deductible will apply).
- Visit any doctor or hospital you choose.
- Low copay for in-network provider visits.

The Aetna Advantage Plans for individuals, families and the self-employed are offered, underwritten or administered by Aetna Life Insurance Company directly or through an out-of-state blanket trust.

In some states, the self-employed can purchase a guaranteed issue group health insurance plan under small group reform.



Preventative and Hospital Care

- Low monthly premiums.
- Coverage for: inpatient hospital care, outpatient surgery, skilled nursing or home health care in lieu of a hospital stay.
- Coverage for preventive care, including annual GYN exams, well-child care and physical exams every 24 months.

Dental PPO Max

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

Want to cover your children only?

All Aetna Advantage plans in Georgia are available for child 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 dental is selected). Note that if one of the HSA plans is selected for child only enrollment, an HSA account is not available for the child.

About HSAs...

A Health Savings Account, or 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.

To establish a Health Savings Account...

First enroll in an Aetna HSA-compatible High Deductible Health Plan. Then request HSA enrollment materials by calling your broker or visiting www.aetnaindividualhsa.com to view and download the materials. There are no setup or monthly fees for your HSA.



Is your doctor in the Aetna network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the Aetna Advantage Plan network? Visit www.aetna.com/docfind/custom/advplans. Or ask your broker for a directory of providers.

Aetna's Georgia service areas*

Here are the Georgia counties where Aetna Advantage Plans for Individuals are offered. Your rates will depend on the area in which your county is located.

AREA 1

Barrow	Coweta	Hall	Oconee
Bartow	Dade	Haralson	Oglethorpe
Butts	Dawson	Harris	Paulding
Carroll	Dekalb	Heard	Pickens
Catoosa	Douglas	Henry	Pike
Chattahoochee	Fayette	Jackson	Polk
Chattooga	Floyd	Jasper	Rockdale
Cherokee	Forsyth	Lamar	Spalding
Clarke	Fulton	Madison	Troup
Clayton	Gordon	Muscogee	Walker
Cobb	Gwinnett	Newton	Walton

AREA 2

Atkinson	Decatur	Lowndes	Taliaferro
Bacon	Dooly	Macon	Taylor
Baker	Early	Marion	Telfair
Ben Hill	Echols	McDuffie	Terrell
Berrien	Emanuel	McIntosh	Thomas
Bleckley	Glascok	Meriwether	Tift
Brantley	Glynn	Mitchell	Toombs
Brooks	Grady	Montgomery	Treutlen
Burke	Greene	Pierce	Turner
Calhoun	Hancock	Putnam	Ware
Camden	Irwin	Quitman	Warren
Charlton	Jeff Davis	Richmond	Wayne
Clay	Jefferson	Schley	Webster
Clinch	Jenkins	Screven	Wheeler
Colquitt	Johnson	Seminole	Wilcox
Columbia	Lanier	Stewart	Wilkes
Cook	Lincoln	Sumter	Worth

AREA 3

Appling	Coffee	Jones	Pulaski
Baldwin	Crawford	Laurens	Tattnall
Bibb	Dodge	Lee	Twiggs
Bryan	Dougherty	Liberty	Washington
Bulloch	Effingham	Long	
Candler	Evans	Monroe	
Chatham	Houston	Peach	

*Networks may not be available in all ZIP codes and are subject to change.

PPO PLAN OPTIONS

	PPO 1000	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual / Family	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance (Members Responsibility)	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$1,500/\$3,000	\$1,500/\$3,000
Out-of-Pocket Maximum Individual / Family (Includes Deductible)	\$2,500/\$5,000	\$3,500/\$7,000
Lifetime Maximum*	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 copay ded. waived	30% after deductible
Specialist Visit	\$30 copay ded. waived	30% after deductible
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine GYN Exam (Annual Pap / Mammogram)	0% ded. waived	30% after deductible
Maternity	Not covered	Not covered
Preventive Health (Routine Physical) (\$200 maximum*)	\$20 copay ded. waived	30% after deductible
Lab / X-Ray	20% after deductible	40% after deductible
Skilled Nursing (In Lieu of Hospital) (30 days per calendar year*)	20% after deductible	40% after deductible
Physical / Occupational Therapy (\$25 Max - 24 visits per calendar year*)	20% after deductible	40% after deductible
Home Health Care (In Lieu of Hospital) (30 visits per calendar year*)	20% after deductible	40% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible per Individual	\$250	\$250
Generic (Oral Contraceptives Included)	\$15 copay ded. waived	\$15 copay plus 30% ded. waived
Preferred Brand copay (Oral Contraceptives Included)	\$25 copay after deductible	\$25 copay plus 30% after ded.
Non-Preferred Brand copay (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 30% after ded.
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.

PPO 1500		PPO 2500	
In-Network	Out-of-Network*	In-Network	Out-of-Network*
\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
\$3,000/\$6,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,500/\$15,000
\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
\$25 copay ded. waived	30% after deductible	\$30 copay ded. waived	30% after deductible
\$35 copay ded. waived	30% after deductible	\$40 copay ded. waived	30% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$150 copay** (waived if admitted) after deductible		\$150 copay** (waived if admitted) after deductible	
0% ded. waived	30% after deductible	0% ded. waived	30% after deductible
Not covered	Not covered	Not covered	Not covered
\$25 copay ded. waived	30% after deductible	\$30 copay ded. waived	30% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$250	\$250	\$500	\$500
\$15 copay ded. waived	\$15 copay plus 30% ded. waived	\$15 copay ded. waived	\$15 copay plus 30% ded. waived
\$25 copay after deductible	\$25 copay plus 30% after ded.	\$25 copay after deductible	\$25 copay plus 30% after ded.
\$40 copay after deductible	\$40 copay plus 30% after ded.	\$40 copay after deductible	\$40 copay plus 30% after ded.
Unlimited	Unlimited	Unlimited	Unlimited

PPO PLAN OPTIONS

	PPO 3500	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual / Family	\$3,500/\$7,000	\$7,000/\$14,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$3,500/\$7,000	\$3,000/\$6,000
Out-of-Pocket Maximum Individual / Family (Includes Deductible)	\$7,000/\$14,000	\$10,000/\$20,000
Lifetime Maximum*	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$35 copay ded. waived	30% after deductible
Specialist Visit	\$45 copay ded. waived	30% after deductible
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine GYN Exam (Annual Pap / Mammogram)	0% ded. waived	30% after deductible
Maternity	Not covered	Not covered
Preventive Health (Routine Physical) (\$200 maximum*)	\$35 copay ded. waived	30% after deductible
Lab / X-Ray	20% after deductible	40% after deductible
Skilled Nursing (In Lieu of Hospital) (30 days per calendar year*)	20% after deductible	40% after deductible
Physical / Occupational Therapy (\$25 Max - 24 visits per calendar year*)	20% after deductible	40% after deductible
Home Health Care (In Lieu of Hospital) (30 visits per calendar year*)	20% after deductible	40% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible per Individual	\$500	\$500
Generic (Oral Contraceptives Included)	\$15 copay ded. waived	\$15 copay plus 30% ded. waived
Preferred Brand copay (Oral Contraceptives Included)	\$25 copay after deductible	\$25 copay plus 30% after ded.
Non-Preferred Brand copay (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 30% after ded.
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.

**PPO VALUE
PLAN OPTIONS**

PPO 5000

In-Network	Out-of-Network*
\$5,000/\$10,000	\$10,000/\$20,000
20% after deductible	40% after deductible
\$2,500/\$5,000	\$2,500/\$5,000
\$7,500/\$15,000	\$12,500/\$25,000
\$5,000,000	\$5,000,000
\$40 copay ded. waived	30% after deductible
\$50 copay ded. waived	30% after deductible
20% after deductible	40% after deductible
20% after deductible	40% after deductible
\$150 copay** (waived if admitted) after deductible	
0% ded. waived	30% after deductible
Not covered	Not covered
\$40 copay ded. waived	30% after deductible
20% after deductible	40% after deductible
20% after deductible	40% after deductible
20% after deductible	40% after deductible
20% after deductible	40% after deductible
20% after deductible	40% after deductible
\$500	\$500
\$15 copay ded. waived	\$15 copay plus 30% ded. waived
\$25 copay after deductible	\$25 copay plus 30% after ded.
\$40 copay after deductible	\$40 copay plus 30% after ded.
Unlimited	Unlimited

PPO Value 2000

In-Network	Out-of-Network*
\$2,000/\$4,000	\$4,000/\$8,000
30% after deductible	40% after deductible
\$2,000/\$4,000	\$2,000/\$4,000
\$4,000/\$8,000	\$6,000/\$12,000
\$5,000,000	\$5,000,000
First 6 visits \$40 copay; after 6 visits, 30% ded. waived. Combined with office visits to Specialists	30% after deductible
First 6 visits \$50 copay; after 6 visits, 30% ded. waived. Combined with office visits to Non-specialists	30% after deductible
30% after deductible	40% after deductible
30% after deductible	40% after deductible
\$150 copay** (waived if admitted) after deductible	\$150 copay** (waived if admitted) after deductible
0% ded. waived	30% after deductible
Not covered	Not covered
\$40 copay ded. waived	30% after deductible
30% after deductible	40% after deductible
30% after deductible	40% after deductible
30% after deductible	40% after deductible
30% after deductible	40% after deductible
\$200	\$200
\$15 copay ded. waived	\$15 copay plus 30% ded. waived
\$25 copay after deductible	\$25 copay plus 30% after ded.
\$40 copay after deductible	\$40 copay plus 30% after ded.
Unlimited	Unlimited

**PPO VALUE
PLAN OPTIONS**

	PPO Value 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual / Family	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance (Member's Responsibility)	30% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$5,000/\$10,000	\$2,500/\$5,000
Out-of-Pocket Maximum Individual / Family (Includes Deductible)	\$10,000/\$20,000	\$12,500/\$25,000
Lifetime Maximum*	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	First 6 visits \$40 copay; after 6 visits, 30% ded. waived. Combined with office visits to Specialists	30% after deductible
Specialist Visit	First 6 visits \$50 copay; after 6 visits, 30% ded. waived. Combined with office visits to Non-specialists	30% after deductible
Hospital Admission	30% after deductible	40% after deductible
Outpatient Surgery	30% after deductible	40% after deductible
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine GYN Exam (Annual Pap / Mammogram)	0% ded. waived	30% after deductible
Maternity	Not covered	Not covered
Preventive Health (Routine Physical) (\$200 maximum*)	\$40 copay ded. waived	30% after deductible
Lab / X-Ray	30% after deductible	40% after deductible
Skilled Nursing (In Lieu of Hospital) (30 days per calendar year*)	30% after deductible	40% after deductible
Physical / Occupational Therapy (\$25 Max - 24 visits per calendar year*)	30% after deductible	40% after deductible
Home Health Care (In Lieu of Hospital) (30 visits per calendar year*)	30% after deductible	40% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	30% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible per Individual	\$500	\$500
Generic (Oral Contraceptives Included)	\$15 copay ded. waived	\$15 copay plus 30% ded. waived
Preferred Brand copay (Oral Contraceptives Included)	\$25 copay after deductible	\$25 copay plus 30% after ded.
Non-Preferred Brand copay (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 30% after ded.
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.

PPO HIGH DEDUCTIBLE PLAN OPTIONS

PPO High Deductible 3000 (HSA Compatible)		PPO High Deductible 5000 (HSA Compatible)	
In-Network	Out-of-Network*	In-Network	Out-of-Network*
\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000
0% after deductible	30% after deductible	0% after deductible	30% after deductible
\$0/\$0	\$6,500/\$13,000	\$0/\$0	\$2,500/\$5,000
\$3,000/\$6,000	\$12,500/\$25,000	\$5,000/\$10,000	\$12,500/\$25,000
\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
\$0 after deductible		\$0 after deductible	
0% ded. waived	30% after deductible	0% ded. waived	30% after deductible
Not covered	Not covered	Not covered	Not covered
\$20 copay ded. waived	30% after deductible	\$25 copay ded. waived	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
0% after deductible	30% after deductible	0% after deductible	30% after deductible
Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
0% after Medi- cal/Rx deductible	30% after Medi- cal/ Rx deductible	0% after Medi- cal/Rx Deductible	30% after Medi- cal/ Rx Deductible
0% after Medi- cal/Rx deductible	30% after Medi- cal/ Rx deductible	0% after Medi- cal/Rx Deductible	30% after Medi- cal/ Rx Deductible
0% after Medi- cal/Rx deductible	30% after Medi- cal/ Rx deductible	0% after Medi- cal/Rx Deductible	30% after Medi- cal/ Rx Deductible
Unlimited	Unlimited	Unlimited	Unlimited

**FIRST DOLLAR
PLAN OPTION**

	First Dollar PPO 35	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual / Family	\$0/\$0	\$7,000/\$14,000
Coinsurance (Member's Responsibility)	35%	50% after deductible
Coinsurance Maximum Individual / Family	\$3,500/\$7,000	\$5,000/\$10,000
Out-of-Pocket Maximum Individual / Family (Includes Deductible)	\$3,500/\$7,000	\$12,000/\$24,000
Lifetime Maximum*	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$35 copay	30% after deductible
Specialist Visit	\$45 copay	30% after deductible
Hospital Admission	35%	50% after deductible
Outpatient Surgery	35%	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 35% coinsurance	
Annual Routine GYN Exam (Annual Pap / Mammogram)	0%	30% after deductible
Maternity	Not covered	Not covered
Preventive Health (Routine Physical) (\$200 maximum*)	\$35 copay	30% after deductible
Lab / X-Ray	35%	50% after deductible
Skilled Nursing (In Lieu of Hospital) (30 days per calendar year*)	35%	50% after deductible
Physical / Occupational Therapy (\$25 Max - 24 visits per calendar year*)	35%	50% after deductible
Home Health Care (In Lieu of Hospital) (30 visits per calendar year*)	35%	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	35%	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual	\$500	\$500
Generic (Oral Contraceptives Included)	\$15 copay ded. waived	\$15 copay plus 30% ded. waived
Preferred Brand copay (Oral Contraceptives Included)	\$25 copay after deductible	\$25 copay plus 30% after ded.
Non-Preferred Brand copay (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 30% after ded.
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.

*** Aetna discount available.

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

PREVENTATIVE AND HOSPITAL PLAN OPTIONS

Preventative and Hospital Care 1250		Preventative and Hospital Care 3000 (HSA Compatible)	
In-Network	Out-of-Network*	In-Network	Out-of-Network*
\$1,250/\$2,500	\$2,500/\$5,000	\$3,000/\$6,000	\$6,000/\$12,000
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$4,000/\$8,000
\$3,750/\$7,500	\$7,500/\$15,000	\$5,000/\$10,000	\$10,000/\$20,000
\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$100 copay** (waived if admitted) 20% coinsurance after deductible		\$100 copay** (waived if admitted) 20% coinsurance after deductible	
0% ded. waived	30% after deductible	0% ded. waived	30% after deductible
Not covered	Not covered	Not covered	Not covered
\$25 copay ded. waived	30% after deductible	\$35 copay ded. waived	30% after deductible
Not covered	Not covered	Not covered	Not covered
20% after deductible	40% after deductible	20% after deductible	40% after deductible
Not covered	Not covered	Not covered	Not covered
20% after deductible	40% after deductible	20% after deductible	40% after deductible
Not covered	Not covered	Not covered	Not covered
Not applicable	Not applicable	Not applicable	Not applicable
Not covered***	Not covered	Not covered***	Not covered
Not covered***	Not covered	Not covered***	Not covered
Not covered***	Not covered	Not covered***	Not covered
Not applicable	Not applicable	Not applicable	Not applicable

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 maximum	\$25; \$75 family maximum
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
PREVENTATIVE 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 deductible	100% after deductible
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 at any time.

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

Above list of covered services is representative. A summary of exclusions is listed on page 21. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the county list located on page 4 of the Aetna Advantage Brochure.

Aetna Advantage plan programs to help you be well

Aetna Advantage Plans include special programs¹ with a wealth of features to complement our standard health insurance coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. These programs are value added and are not insurance. Here are a few of the ways we can help you be well.

Fitness Program

With our Fitness program, eligible Aetna members and their families can enjoy preferred rates* on fitness club memberships at over 2,000 fitness clubs within the GlobalFit™ network. 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 ManagementSM Program

The Weight Management 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. Start with a FREE 30-day trial membership²; then choose either a 6-month² or 12-month² program³ that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.



Eyecare Savings

Aetna VisionSM Discounts*** program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

Hearing Discount Program

Aetna's HearingSM Discounts help Aetna members and their families save on hearing exams, hearing services and hearing aids.

Aetna Natural Products and ServicesSM 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 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.

Informed Health[®] Line

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

Aetna Natural Products and ServicesSM program, Eyecare Savings, Fitness and similar discount programs are rate-access programs and may be in addition to any plan benefits. Discount and other similar health programs offered hereunder are not insurance, and program features are not guaranteed under the plan contract and may be discontinued at any time. Program providers are solely responsible for the products and services provided hereunder. Aetna does not endorse any vendor, product or service associated with these programs. It is not necessary to be a member of an Aetna plan to access the program participating providers.

- 1 Availability varies by plan. Talk with your Aetna representative for details.
- 2 Offers good at participating centers and through Jenny Direct at home only. Additional cost for all food purchases.
- 3 Additional weekly food discounts will grow throughout the year, based on active participation.

*At some clubs, participation in this program may be restricted to new club members.

**Provided by WellCall, Inc. through GlobalFit.

***Formerly known as the Vision One[®] discount program.

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.

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.

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.)
- Under age 19 for dependent children
- Between ages 19 and 25 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.

Your premium payments

Your premium payments are guaranteed not to increase for 12 months from your effective date. 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 membership eligibility. 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

Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals may be federally eligible under the Health Insurance Portability Accountability Act (HIPAA).

to apply



The State of Georgia Assignment System may provide coverage for Georgia residents who are unable to obtain individual health insurance.

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 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.

Pre-existing conditions

During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have creditable prior coverage.

A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within 6 months preceding the effective date of coverage.

All You Need to Know About 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 5 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.

Georgia 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
- 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
- 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
- Medical expenses for a pre-existing condition are not covered for the first 12 months after the member's effective date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature on the application, then the pre-existing conditions exclusion of the plan will be waived.

- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling
- 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

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

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.

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 insurance plans contain exclusions and limitations. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug makers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Material subject to change.

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 is the Discount Medical Plan Organization.

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

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