

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

California

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

We want you to knowSM



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

They say that nothing is more important than your health.

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

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

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

So, are you a new graduate or a newlywed? Self-employed or between jobs? An empty nester or early retiree? Wherever you are in life, we make it easy for you to understand your choices and select a quality health plan.

We'll guide you through the process and help you choose the right health insurance for your personal needs.

Why Aetna?

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

Easy to understand.

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

Easy to choose.

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

Easy to afford.

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

Easy to manage.

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

Have questions?

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

We're here to help!

Want a quote now?

Visit
www.aetnaindividual.com
or call 1-800-MY-Health
(1-800-694-3258).





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or call 1-800-MY-Health

(1-800-694-3258).

How to use this booklet

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

- 1) Read about Aetna's health insurance plans for individuals, starting on page 3.
- 2) What's going on in your life right now? The answer can help you choose a plan, starting on page 4. (If you just want to cut to the chase, the at-a-glance plan comparison chart on page 10 can help you quickly determine your health insurance priorities.)
- 3) Review each plan's specific features, and determine which ones are most important to you, starting on page 11.
- 4) Follow the enrollment instructions on this page, then complete and mail the enclosed application, or apply online at www.aetna.com/members/individual.html.

It's easy to apply by mail or online!

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

■ **Complete and mail the enclosed application, with one (1) form of payment selected to:**

Aetna Advantage Plans, F230,
P.O. Box 61516, King of Prussia, PA
19406-0916.

■ **Email us at**

AetnaAdvantagePlans@Aetna.com

if you have questions, would like to discuss your own unique situation, or want a rate quote.

■ **Get a quote and apply online, if you wish, by visiting www.aetna.com/members/individual.html. Then:**

- 1) Choose your state.
- 2) Use the helpful information and tools to choose the best plan for you.
- 3) Click "Get A Quote."
- 4) Apply online and submit an electronic form of payment. (Or mail the enclosed application with one (1) form of payment selected.)
- 5) Track the status of your application by clicking the site's Apps tab.

Aetna's California Service Area*

Is your doctor in the network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the Aetna Advantage Plan network? Use Aetna's online DocFind® tool at www.aetna.com/docfind/custom/advplans. If you don't have Internet access, just call 1-800-MY Health (1-800-694-3258) and ask for a directory of providers.

The California counties where Aetna Advantage Plans are offered:

AREA 1

San Diego

AREA 2

Orange (926-928)

AREA 3

Los Angeles (905-908,917)

AREA 4

Los Angeles (910-916, 918, 935) Riverside
San Bernardino
Ventura (913)

AREA 5

Los Angeles (900-904, all other not in Area 3 or 4)

AREA 6

Alameda San Francisco
Contra Costa San Mateo
Marin Santa Clara
San Benito Santa Cruz

AREA 7

Fresno San Luis Obispo Tulare
Kern San Joaquin Ventura
Kings Santa Barbara (excluding 913)
Madera Stanislaus
Merced Tuolumne

AREA 8

Amador Solano
El Dorado Sonoma
Placer Yolo
Sacramento

AREA 9

Nevada
Sutter
Yuba



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

Choose the Aetna Advantage plan that best fits your needs

We offer a variety of Aetna Advantage health insurance plans in California. Your Aetna Advantage health insurance plan choices are:

California MC

With the California MC health insurance plan, you can visit any doctor or hospital you choose. (Your out-of-pocket costs will be lower if you select a provider from Aetna's wide network of participating physicians and hospitals.) In addition, there are no claim forms to fill out when you visit a network provider, and no referrals are required to see a specialist.

California MC Value

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

California High-Deductible MC (HSA-Compatible)

With the California High-Deductible MC health insurance plan, you'll pay lower premiums in exchange for higher annual deductibles — at least \$2,750 for individuals and \$5,500 for families. A key advantage of this health insurance plan is that it can be paired with a Health Savings Account (HSA), a special account that lets you pay for qualified medical expenses with tax-advantaged funds.

What does "tax-advantaged" mean? It means you or an eligible family member can make contributions to your HSA tax-free. Those dollars earn interest tax-free.

And when you make withdrawals to pay for qualified health care expenses, they're tax-free, too.

An HSA has other advantages as well. Among them:

- You own your HSA, so even if you change jobs or health insurance plans, the money in your account is yours to keep.
- Any money remaining in your HSA at the end of the year rolls over to the next year. You don't lose it.
- You can withdraw money directly from your HSA to cover qualified expenses. Account holders have convenient access to HSA funds with an Aetna Visa Debit Card or checkbook. Or, you can allow the account to grow over time and use it to help pay for future health-related expenses — like long-term care insurance premiums, COBRA premiums and certain retiree expenses.

Preventative and Hospital Care Plans

The Preventative and Hospital Care Plans are ideal for individuals that are primarily looking for affordability when selecting a coverage option. This plan provides inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges in lieu of hospitalization. In addition, these plans provide coverage for preventive care including annual GYN exam, well child care and physical exam every 24 months. The deductible on the Preventative and Hospital Care Plan applies to all covered expenses. NOTE: This plan provides limited benefits only and does not constitute a comprehensive health insurance plan. As such, it may not cover all the expenses associated with your health care needs.

How do I establish a Health Savings Account?

For Health Savings Account Enrollment materials, after enrolling in an Aetna HSA-compatible High Deductible Health Plan, please call 1-800-MY Health (1-800-694-3258) or visit Aetna's website at www.aetnaindividualhsa.com to view and download the materials.

Child Only Coverage

All of the Advantage plans in California are available for Child only. That is, you may choose to 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.

Dental PPO Max Plan

With the Aetna Advantage Dental PPO Max insurance plan, you can obtain services from either a participating or non-participating dentist. Participating dentists have agreed to provide 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.

Visit

www.aetnaindividual.com
or call **1-800-MY-Health**
(1-800-694-3258).

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

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

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

So, do any of these descriptions sound like you?



Visit
www.aetnaindividual.com
or call 1-800-MY-Health
(1-800-694-3258).

New Graduate?

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



Here are some options that may be right for you.

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

MC 5000

MC 5000 Value

Preventative and Hospital Care 1250

Preventative and Hospital Care 3000
(HSA-Compatible)

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

MC 500

MC 1500

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

MC 1500

MC 2500

MC 2500 Value



Raising A Family?

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

All of the Advantage plans in California are available for Child only. That is, you may choose to 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.

Getting Married?

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

Here are some options that may be right for you.

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

MC 5000

MC 5000 Value

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

MC 1500

MC 1500 Value

MC 2500

MC 2500 Value

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

MC 500



Here are some plans that may suit you.

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

MC 5000

MC 5000 Value

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

MC 500

MC 1500

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

MC 500



Between Jobs?

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

Here are options that may be right for you.

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

MC 5000

MC 5000 Value

Preventative and Hospital Care 1250

Preventative and Hospital Care 3000
(HSA-Compatible)

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

MC 1500

MC 1500 Value

MC 2500

MC 2500 Value

Self-Employed?

If you're on your own, you've probably discovered by now that health coverage isn't cheap. But you know it's necessary to protect yourself and your business. Since you're footing the bill, affordability is likely a priority. We offer plans that provide quality hospitalization and preventive care coverage, with monthly payments that won't consume your profits.

Here are some options you may want to consider.

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

MC 5000

MC 5000 Value

Preventative and Hospital Care 1250

Preventative and Hospital Care 3000
(HSA-Compatible)

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

MC 500

MC 1500

MC 1500 Value

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

MC 500

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

High-Deductible MC 1 (HSA-Compatible)

High-Deductible MC 2 (HSA-Compatible)

Preventative and Hospital Care 3000
(HSA-Compatible)

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



Early Retiree?

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

Here are options that may suit you.

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

MC 5000

MC 5000 Value

Preventative and Hospital Care 1250

Preventative and Hospital Care 3000
(HSA-Compatible)



Empty Nester?

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

Here are options you may want to consider.

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

MC 5000

MC 5000 Value

Preventative and Hospital Care 1250

Preventative and Hospital Care 3000
(HSA-Compatible)

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

MC 500

MC 1500

MC 1500 Value

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

MC 500

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

High-Deductible MC 1 (HSA-Compatible)

High-Deductible MC 2 (HSA-Compatible)

Preventative and Hospital Care 3000
(HSA-Compatible)

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

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

MC 500

MC 1500

MC 1500 Value

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

MC 500

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

High-Deductible MC 1 (HSA-Compatible)

High-Deductible MC 2 (HSA-Compatible)

Preventative and Hospital Care 3000
(HSA-Compatible)



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

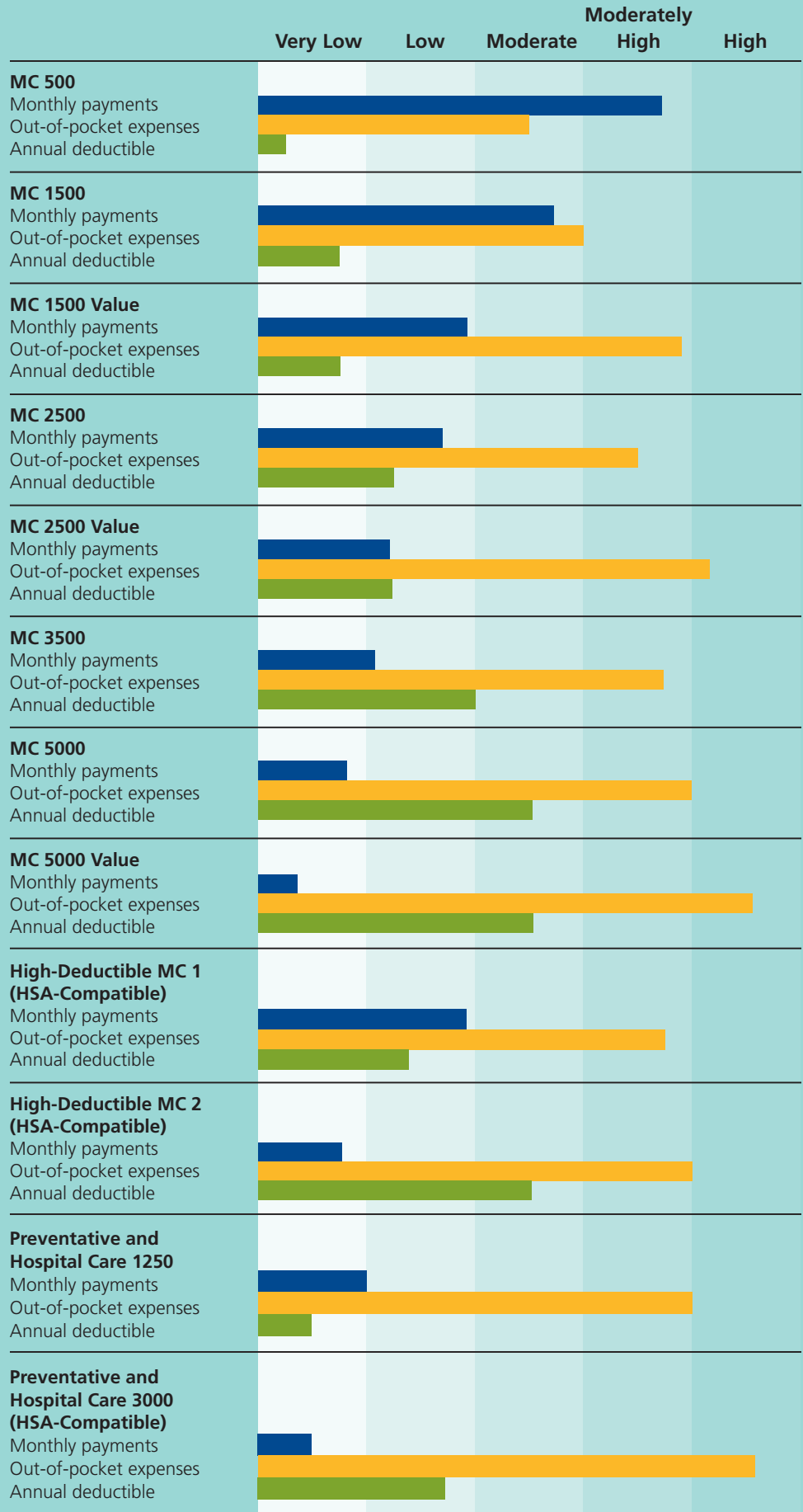
Which one of our plans is right for you? A lot depends on your priorities. Do you want to keep your payments, or "premiums," as low as possible? Or are you willing to pay a little more each month to help minimize your out-of-pocket costs for services?

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

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

Visit www.aetnaindividual.com or call 1-800-MY-Health (1-800-694-3258).

FEATURES/BENEFITS COMPARISON*



*Feature/Benefits Comparison is based on analysis of Aetna Advantage Plans with 9/1/06 effective dates. For more information on benefit levels, please refer to the benefit pages and/or the plan design documents.

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

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

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

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

A summary of exclusions is listed on page 19. For a full list of benefit coverage and exclusions refer to the plan documents.

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

	CALIFORNIA MC 3500		CALIFORNIA MC 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual Family	\$3,500 \$7,000	\$7,000 \$14,000	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance (Member's responsibility)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Coinsurance Maximum Individual Family	\$7,000 \$14,000	\$10,000 \$20,000	\$8,000 \$16,000	\$12,500 \$25,000
Lifetime Maximum* per insured	\$5,000,000		\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$35 copay not subject to deductible	50% after deductible	\$40 Copay not subject to deductible	50% after deductible
Specialist Visit	\$45 copay not subject to deductible	50% after deductible	\$50 Copay not subject to deductible	50% after deductible
Hospital Admission	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency Room (after deductible)	\$150 copay (waived if admitted) 30% co-insurance		\$100 copay (waived if admitted); 30% co-insurance	
Annual Routine Gyn Exam (Annual Pap / Mammogram)	0% not subject to deductible	50% after deductible	0% not subject to deductible	50% after deductible
Maternity	Not covered		Not covered	
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$35 copay not subject to deductible	50% after deductible	\$40 Copay not subject to deductible	50% after deductible
Lab / X-Ray	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	30% after deductible	50% after deductible	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)	30% after deductible	50% after deductible (Aetna will pay a max. of \$25 per visit)
Home Health Care (30 visits per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year *)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
PHARMACY				
Pharmacy Deductible	\$500 (does not apply to generic)		\$500 (does not apply to generic)	
Generic Copay (Contraceptives Included)	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible
Preferred Brand Copay (Oral Contraceptives Included)	\$30 copay after deductible	\$30 copay plus 50% after deductible	\$30 copay after deductible	\$30 copay plus 50% after deductible
Non-Preferred Brand Copay (Oral Contraceptives Included)	\$50 copay after deductible	\$50 copay plus 50% after deductible	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per Individual*	Unlimited		Unlimited	

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

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

A summary of exclusions is listed on page 19. For a full list of benefit coverage and exclusions refer to the plan documents.

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	CALIFORNIA HIGH-DEDUCTIBLE MC 1 (HSA-COMPATIBLE)		CALIFORNIA HIGH-DEDUCTIBLE MC 2 (HSA-COMPATIBLE)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible				
Individual	\$2,750	\$5,500	\$5,000	\$10,000
Family	\$5,500	\$11,000	\$10,000	\$20,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible	0% deductible	0% after deductible
Coinsurance Maximum				
Individual	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$10,000	\$20,000
Lifetime Maximum* per insured		\$5,000,000		\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Specialist Visit	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Hospital Admission	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency Room (after deductible)	\$100 copay (waived if admitted); 20% co-insurance		0% after deductible	0% after deductible
Annual Routine Gyn Exam (Annual Pap / Mammogram)	0% not subject to deductible	50% after deductible	0% not subject to deductible	0% after deductible
Maternity	Not covered		Not covered	
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 copay not subject to deductible	50% after deductible	\$25 copay not subject to deductible	0% after deductible
Lab / X-Ray	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Physical / Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
	(Aetna will pay a max. of \$25 per visit)		(Aetna will pay a max. of \$25 per visit)	
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
PHARMACY				
Pharmacy Deductible	Integrated Medical/RX Deductible		Integrated Medical/RX Deductible	
Generic Copay (Contraceptives Included)	\$15 copay after deductible	\$15 copay plus 50% after deductible	0% after deductible	0% after deductible
Preferred Brand Copay (Oral Contraceptives Included)	\$30 copay after deductible	\$30 copay plus 50% after deductible	0% after deductible	0% after deductible
Non-Preferred Brand Copay (Oral Contraceptives Included)	\$50 copay after deductible	\$50 copay plus 50% after deductible	0% after deductible	0% after deductible
Calendar Year Maximum per Individual*	Unlimited		Unlimited	

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

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

A summary of exclusions is listed on page 19. For a full list of benefit coverage and exclusions refer to the plan documents.

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

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

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

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

A summary of exclusions is listed on page 19. For a full list of benefit coverage and exclusions refer to the plan documents.

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	PREVENTATIVE AND HOSPITAL CARE 1250		PREVENTATIVE AND HOSPITAL CARE 3000 (HSA-COMPATIBLE)	
	In-Network	Out-of-Network ⁺	In-Network	Out-of-Network ⁺
Deductible				
Individual	\$1,250	\$2,500	\$3,000	\$6,000
Family	2 person max ^{**}	2 person max ^{**}	\$6,000	\$12,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$2,500	\$5,000	\$5,000	\$10,000
Family	2 person max ⁺⁺	2 person max ⁺⁺	\$10,000	\$20,000
Lifetime Maximum* per insured	\$5,000,000		\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	Not covered	Not covered	Not covered	Not covered
Specialist Visit	Not covered	Not covered	Not covered	Not covered
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room (after deductible)	\$100 copay (waived if admitted) 20% co-insurance		\$100 copay (waived if admitted) 20% co-insurance	
Annual Routine Gyn Exam (Annual Pap / Mammogram)	\$ 0 Copay not subject to deductible	50% after deductible	\$0 not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Physical every 24 months) (\$200 per exam*)	\$25 copay not subject to deductible	50% after deductible	\$35 copay not subject to deductible	50% after deductible
Lab / X-Ray	Not covered	Not covered	Not covered	Not covered
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical / Occupational Therapy	Not covered	Not covered	Not covered	Not covered
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment	Not covered	Not covered	Not covered	Not covered
PHARMACY				
Pharmacy Deductible	Not covered	Not covered	Not covered	Not covered
Generic ^{***} (Contraceptives Included)	Not covered	Not covered	Not covered	Not covered
Preferred Brand ^{***} (Oral Contraceptives Included)	Not covered	Not covered	Not covered	Not covered
Non-Preferred Brand ^{***} (Oral Contraceptives Included)	Not covered	Not covered	Not covered	Not covered
Calendar Year Maximum per Individual*	Not covered	Not covered	Not covered	Not covered

* Maximum applies to combined in and out of network benefits.
 ** Once two members of the Family each meet their individual calendar year deductibles, from then on each other member of the family will be considered to have met their deductibles for the calendar year.
 *** Discount Card available
 + Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.
 ++ Once two members of a family reach their individual Payment Limit in a Calendar Year, benefits will be payable for all family members at 100% for Covered Medical Expenses incurred by all family members during the rest of that Calendar Year. Deductible does not apply to Coinsurance Maximum.

A summary of exclusions is listed on page 19. For a full list of benefit coverage and exclusions refer to the plan documents.

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% not subject to deductible	50% not subject to deductible
Comprehensive oral exam	100% not subject to deductible	50% not subject to deductible
Problem-focused oral exam	100% not subject to deductible	50% not subject to deductible
X-rays		
Bitewing — single film	100% not subject to deductible	50% not subject to deductible
Complete series	100% not subject to deductible	50% not subject to deductible
PREVENTIVE SERVICES		
Adult cleaning	100% not subject to deductible	50% not subject to deductible
Child cleaning	100% not subject to deductible	50% not subject to deductible
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% not subject to deductible	50% not subject to deductible
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam filling — 2 surfaces	100% after deductible	50% after deductible
Resin filling — 2 surfaces anterior	Discount	Not covered
Oral Surgery	Discount	Not covered
Extraction – exposed root or erupted tooth	Discount	Not covered
Extraction of impacted tooth —soft tissue	Discount	Not covered
MAJOR SERVICES		
Complete upper denture	Discount	Not covered
Partial upper denture (resin base)	Discount	Not covered
Crown — Porcelain with noble metal	Discount	Not covered
Pontic — Porcelain with noble metal	Discount	Not covered
Inlay — Metallic (3 or more surfaces)	Discount	Not covered
Oral Surgery		
Removal of impacted tooth — partially bony	Discount	Not covered
Endodontic Services		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
Periodontic Services		
Scaling & root planing — per quadrant	Discount	Not covered
Osseous surgery — per quadrant	Discount	Not covered
ORTHODONTIC SERVICES	Discount	Not covered

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. Full list with limitations as determined by Aetna appears on the plan booklet/certificate.

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

A summary of exclusions is listed on page 19. For a full list of benefit coverage and exclusions refer to the plan documents.

Aetna Advantage Plan programs to help you be well

Aetna Advantage Plans include special programs* with a wealth of features to complement our standard health insurance coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. Here are a few of the ways we can help you be well.

Fitness Program.

Enjoy reduced membership rates at participating health clubs, as well as discounts on home exercise equipment.

Eyecare Savings Program.

The Vision One** discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

Alternative Health Care Program.

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

Visit

**www.aetnaindividual.com
or call 1-800-MY-Health
(1-800-694-3258).**

Informed Health® Line.

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

Aetna Rx Home Delivery®.

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

Aetna Resource Connection.

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

Aetna Navigator™

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

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

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

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



Things You Need to Know to Enroll



To qualify for an Aetna Advantage Plan, you must be:

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4.)
- Under age 19 for dependent children
- Between ages 19 and 22 for unmarried dependent children with proof of full-time student status
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least 6 continuous months.

Medical underwriting requirements

- The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals can be federally eligible under the Health Insurance Portability Accountability Act (HIPAA) for a special guaranteed issue plan under California laws and regulations.
- All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.
- We offer various levels of coverage based on the known and predicted medical risk factors of each applicant.

Levels of coverage and enrollment

- You may be enrolled in your selected plan at the standard premium charge.
- You may be enrolled in your selected plan at a higher rate, based on medical findings.
- You may be declined coverage based on significant medical risk factors.

Duplicate coverage

- If you are currently covered by another carrier, you must agree to discontinue the other coverage prior to or on the effective date of the Aetna Advantage Plan.

Pre-existing conditions

- During the first 6 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have creditable prior coverage.
- A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within 6 months preceding the effective date of coverage.

Terms of coverage

Your rates are guaranteed not to increase for 6 months from your effective date! Final rates are subject to underwriting review. Members who age into a new age band will receive a scheduled increase.

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

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

All You Need to Know About Easy-Pay

Simple Automatic Payments via Electronic Funds Transfer (EFT)

Simple registration

- Complete the payment section of the Aetna Advantage Plans application. Initial payment can be made with EFT. Your payment will be deducted upon approval of the application.

Invoices for EFT Accounts

- 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 EFT

- 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 on EFT Accounts

- 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 EFT 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 for EFT

- 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 account (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.

California Limitations and Exclusions

Visit

www.aetnaindividual.com

or call 1-800-MY-Health

(1-800-694-3258).

Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

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

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Donor egg retrieval
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial)
- Charges in connection with pregnancy care other than for pregnancy complications
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as 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 6 months after the member's effective date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date 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
- Mental health in-network services for PPO plans not covered, except for severe biologically based mental or nervous disorders

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
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- All other limitations and exclusions in your plan documents

10-day right to review

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

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

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna company that offers, underwrites, or administers insurance coverage is Aetna Life Insurance Company.

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 informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Aetna arranges for the provision of health care services. However, Aetna itself is not a provider of health care services, and therefore, cannot guarantee any results or outcomes.

Consult the plan documents (Summary of Coverage and booklet-certificate) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. With the exception of Aetna Rx Home Delivery® service, all participating physicians, hospitals and other health care providers are independent contractors and are neither employees nor agents of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. While this material is believed to be accurate as of the print date, it is subject to change.

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