



## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

**IMPORTANT DISCLOSURE:** This plan has a number of specific limits and other restrictions on visits, services and/or the dollar amounts covered under the plan in addition to the overall dollar limit of the policy. Once these limits have been reached, the plan will not pay any more towards the cost of the service in question and you will be responsible for the remaining unpaid charges or expenses. This Benefits Summary explains these visit and service limits, the overall annual benefit maximum, and other cost sharing features of your plan, such as copayments and deductibles. Please read it carefully so that you understand the limits to what the plan will pay before you enroll.

Aetna will pay benefits only for expenses incurred while this coverage is in force, and only for the medically necessary treatment of injury or disease. The coverage displayed in this Benefits Summary reflects certain mandate(s) of the state in which this policy was written. However, certain federal laws or other mandate(s) in the state you live and/or work could also effect how this coverage pays.

Group limited benefit medical coverage is not available if you live and work in New Hampshire. This limited health plan does not meet Massachusetts Minimum Creditable Coverage standards.

#### How the Plan Works

The plan will pay a benefit amount up to the daily and annual maximums. This plan is not a major medical plan and does not have a coordination of benefits provision. Benefits under this plan are in addition to the benefits available to you under any other plan you may have.

There are three different Classes of Benefits. Under each Class of Benefits, you and your eligible dependents will receive all of the types of benefits shown below. However, the Class of Benefits for which you are eligible determines the amount that will be paid for each type of benefit. The Class of Benefits for which you are eligible is determined based on the number of hours worked or paid during each qualifying month :

Hours of Work Credit	Class of Benefits
1 - 90	I
91 - 130	II
131 & Over	III

The Class of Benefits for which you are eligible may change from month to month depending upon the hours worked or paid for by your employer each month. If your hours fluctuate from month to month, so will your level of benefits.

**BENEFITS SUMMARY**

Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

**Net Premier**

Plan Features	Class I Benefits	Class II Benefits	Class III Benefits
	1 to 90 Hours	91 to 130 Hours	131+ Hours
<b>Annual Medical Maximum</b> (Not all charges are paid up to the annual maximum. Carefully review the limits below.)	\$15,000	\$30,000	\$100,000
<b>Limit on outpatient charges per coverage year</b>	\$1,500	\$3,000	\$10,000
<i>Once this limit is reached, this benefit will no longer pay for outpatient charges.</i>			
<b>Inpatient &amp; Outpatient Benefits</b>			
Deductible	In network: \$100 Out of network: \$200	In network: \$300 Out of network: \$400	In network: \$500 Out of network: \$600
Coinsurance	In network: you pay 20% after the deductible  Out of network: you pay 40% after the deductible	In network: you pay 20% after the deductible  Out of network: you pay 40% after the deductible	In network: you pay 20% after the deductible  Out of network: you pay 40% after the deductible
<b>Doctor's Office Visit</b>			
Copay in network / deductible out of network	\$15 per visit	\$15 per visit	\$15 per visit
Coinsurance	In network: 100% coverage after copay  Out of network: 50% after the deductible	In network: 100% coverage after copay  Out of network: 50% after the deductible	In network: 100% coverage after copay  Out of network: 50% after the deductible

**BENEFITS SUMMARY**

Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

**Net Premier**

Plan Features	Class I Benefits	Class II Benefits	Class III Benefits
	1 to 90 Hours	91 to 130 Hours	131+ Hours
<b>Preventive visits</b>			
Annual Maximum	\$125 per coverage year	\$175 per coverage year	\$200 per coverage year
Copay	\$15 per visit	\$15 per visit	\$15 per visit
Coinsurance	In network: 100% coverage after copay  Out of network: you pay 50% after the deductible	In network: 100% coverage after copay  Out of network: you pay 50% after the deductible	In network: 100% coverage after copay  Out of network: you pay 50% after the deductible
<b>Prescription Drug Benefit</b>			
Annual Maximum	\$ 400 per coverage year	\$ 750 per coverage year	\$ 2,000 per coverage year
Copay	Generic: \$10 Brand-name: \$20	Generic: \$10 Brand-name: \$20	Generic: \$10 Brand-name: \$20
Coinsurance	In network: 100% coverage after copay  Out of network: you pay 50% after the deductible	In network: 100% coverage after copay  Out of network: you pay 50% after the deductible	In network: 100% coverage after copay  Out of network: you pay 50% after the deductible

Covers only medical prescriptions, except for dental prescriptions issued in connection with treatment resulting from a covered accident.

**Medicare Part D Notice:** This prescription drug benefit does not meet the criteria for Medicare Part D coverage; it does not match up to the plan offered under Medicare Part D.



## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

**Unless otherwise indicated, all benefits and limitations are per covered person.** Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

---

Benefits for emergency room services will be provided at the preferred provider rate, regardless of whether the provider is preferred or non-preferred. The preferred provider deductible and percentage of remaining charges you pay will apply to all emergency room services.

If you live in an area that does not have a preferred health care provider, you will be considered **out-of-area** and receive benefits for eligible expenses as if you were using a preferred provider. Please note that if you travel to an area that has a preferred health care provider but use a non-preferred health care provider, you will not be eligible for preferred provider benefits. However, if you have a life-threatening medical emergency and use a non-preferred provider, you can call member services within two business days of the medical emergency treatment and your claim for the covered expenses will be treated as if presented by a preferred provider. Call member services Monday through Friday between 6 a.m. and 7 p.m. CT and weekends 9 a.m. to 12 p.m. CT, at **1-866-292-3374**.



**BENEFITS SUMMARY**

Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

**Net Premier**

**Other included coverage**

Plan Features	Class I Benefits 1 to 90 Hours	Class II Benefits 91 to 130 Hours	Class III Benefits 131+ Hours
<p><b>Short Term Disability</b></p> <p><i>Coverage for employee only; coverage is not available if you work in California, Hawaii, New Jersey, New York, Rhode Island, and Puerto Rico.</i></p>	<p>Weekly benefit for up to 6 months while employee is disabled.</p> <p>50% of base pay received from the employer that sponsors this program (<i>plus tips, but no overtime</i>) up to \$80 maximum weekly benefit.</p> <p>Benefits begin after 14-day waiting period (<i>unless hospitalized, in which case Plan begins paying immediately</i>)</p>	<p>Weekly benefit for up to 6 months while employee is disabled.</p> <p>50% of base pay received from the employer that sponsors this program (<i>plus tips, but no overtime</i>) up to \$110 maximum weekly benefit.</p> <p>Benefits begin after 14-day waiting period (<i>unless hospitalized, in which case Plan begins paying immediately</i>)</p>	<p>Weekly benefit for up to 6 months while employee is disabled.</p> <p>50% of base pay received from the employer that sponsors this program (<i>plus tips, but no overtime</i>) up to \$135 maximum weekly benefit.</p> <p>Benefits begin after 14-day waiting period (<i>unless hospitalized, in which case Plan begins paying immediately</i>)</p>
<p><b>Term Life with Accidental Death Benefit</b></p>	<p>\$15,000 of term life insurance with a matching accidental death benefit for employees</p> <p>Covered employees receive \$2,500 in term life coverage for their eligible dependents over 6 months and \$500 for children 6 months of age or younger. The accidental death benefit is not available for dependents.</p> <p>Benefits will be paid to the beneficiary of employee's choice</p> <p>Employee's benefits are reduced by 50% at age 70</p>	<p>\$25,000 of term life insurance with a matching accidental death benefit for employees</p> <p>Covered employees receive \$2,500 in term life coverage for their eligible dependents over 6 months and \$500 for children 6 months of age or younger. The accidental death benefit is not available for dependents.</p> <p>Benefits will be paid to the beneficiary of employee's choice</p> <p>Employee's benefits are reduced by 50% at age 70</p>	<p>\$50,000 of term life insurance with a matching accidental death benefit for employees</p> <p>Covered employees receive \$2,500 in term life coverage for their eligible dependents over 6 months and \$500 for children 6 months of age or younger. The accidental death benefit is not available for dependents.</p> <p>Benefits will be paid to the beneficiary of employee's choice</p> <p>Employee's benefits are reduced by 50% at age 70</p>



**BENEFITS SUMMARY**

Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

**Net Premier**

**Other included coverage**

Plan Features	Class I Benefits 1 to 90 Hours	Class II Benefits 91 to 130 Hours	Class III Benefits 131+ Hours
<b>Dental Benefits</b>			
Annual Maximum	\$650	\$950	\$1,250
Annual Deductible	\$50	\$50	\$50
Preventive, Diagnostic and Routine Restorative Care	You are responsible for paying up to 20%† of the recognized charges. These services have no waiting period.	You are responsible for paying up to 20%† of the recognized charges. These services have no waiting period.	You are responsible for paying up to 20%† of the recognized charges. These services have no waiting period.
Major Restorative Care	You are responsible for paying up to 50%† of the recognized charges. You need to be enrolled in the dental plan without interruption for 12 months before the plan begins to pay for these services.	You are responsible for paying up to 50%† of the recognized charges. You need to be enrolled in the dental plan without interruption for 12 months before the plan begins to pay for these services.	You are responsible for paying up to 50%† of the recognized charges. You need to be enrolled in the dental plan without interruption for 12 months before the plan begins to pay for these services.

† The percentage of the cost that you are responsible for paying could be lower if you use a participating PPO network dentist (based on provider and location). A non-preferred provider may require that you pay more than the recognized charge, and this additional amount would be your responsibility. The dental PPO network is not available in Alabama, Arkansas, Idaho, Hawaii, Louisiana, Mississippi, New Mexico, or Puerto Rico. To locate a preferred provider, call toll-free 1-866-292-3374 or visit [www.aetna.com/docfind/custom/aaahc/bn](http://www.aetna.com/docfind/custom/aaahc/bn).

**BENEFITS SUMMARY****Plan design and benefits provided by Aetna Life Insurance Company (Aetna)**

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

**When you enroll in medical coverage, you also receive:****Aetna Vision<sup>SM</sup> Discounts\***

Aetna Vision<sup>SM</sup> Discounts uses the nationwide EyeMed Select Network of vision care providers to offer you and your family glasses, contact lenses, nonprescription sunglasses, contact lens solutions and other eye care accessories at discounted prices. Plus, you can receive discounts on eye exams and LASIK eye surgery. For exams and eyewear call **1-800-793-8616**. For contacts call **1-800-391-5367**. For LASIK customer service call **1-800-422-6600**. You can also locate a local provider by visiting [www.aetna.com/docfind/custom/aahc/bn](http://www.aetna.com/docfind/custom/aahc/bn). This discount arrangement may not be available to Illinois residents.

**Informed Health<sup>®</sup> Line**

Aetna's Informed Health<sup>®</sup> Line gives you and your family access to registered nurses 24 hours a day, 7 days a week. This toll-free line connects you to a team of nurses experienced in providing information on a variety of health topics. Informed Health Line nurses use the Healthwise<sup>®</sup> Knowledgebase to provide information about health issues, medical procedures and treatment options, and help you and your family communicate more effectively with your doctors. You can also choose to listen to certain health topics of interest through Aetna's new audio health library, which is available in English and Spanish. Contact Aetna's Informed Health Line at **1-800-556-1555**.

**Employee Assistance Program**

Aetna's Employee Assistance Program is a service that provides support in managing stress, and balancing work and life. This telephonic and web based program includes resources related to emotional support, as well as childcare, and legal and financial guidance. These services are convenient and confidential, available 24 hours a day, 7 days a week by calling **1-888-AETNA-EAP (1-888-238-6232)** or visiting [www.AetnaEAP.com](http://www.AetnaEAP.com).

\*Discount programs provide access to discounted prices and are not insured benefits.



## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

#### *Terms defined*

A service or supply is **medically necessary** if it is determined by Aetna to be appropriate for the diagnosis, care or treatment of the disease or injury involved.

A **copayment** (or **copay**) is a fixed amount that you must pay for a medical service. In some cases, you may be responsible for paying a copay as well as a percentage of the remaining charges.

In many instances, the plan requires that a deductible is met before a benefit is paid. A **deductible** is the amount of money you must pay for eligible expenses before the plan begins to pay benefits. A deductible may be per service, per visit, per supply or per coverage year. All covered expenses accumulate toward both the preferred and non-preferred deductible per coverage year.

Once the family deductible per coverage year is met, all family members will be considered to have met their deductible. You will have met your **family deductible** either when two covered family members have each fully paid their own deductibles in a coverage year or when the amounts paid by all family members add up to the family deductible amount.

**Other hospital services** are charges for certain services and supplies billed by a hospital in addition to those charges for room occupancy. These charges may be significant and may include, but are not limited to: pharmacy; medical and surgical supplies and devices; lab and x-rays; and operating and recovery room expenses. They do not include charges for services such as surgeon, physician and anesthesiologist services, private duty nursing, or special duty nursing.

**Inpatient professional services** are charges for surgeon, physician and anesthesiologist services, private duty nursing, or special duty nursing.

**Inpatient charges** are charges billed by a hospital or provider when you are admitted as an inpatient and charged for room and board. Inpatient charges are comprised of: room and board charges (daily room rate), professional charges billed by a provider (such as charges by a physician who does not work directly for the hospital), and hospital charges other than room and board.

**Outpatient charges** are charges billed at doctors' offices, free-standing clinics and facilities, and pharmacies. They also include charges at a hospital when you are not admitted as an inpatient, and you are not billed for room and board charges.

A **negotiated charge** is the maximum amount that a preferred provider has agreed to charge for the visit, service, or supply. You should not have to pay more than your portion of the negotiated charge, subject to your plan limits. After your plan limits have been reached, the provider may require that you pay the full charge rather than the negotiated charge.





## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

**Unless otherwise indicated, all benefits and limitations are per covered person.** Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

---

A **recognized charge** is the amount that Aetna recognizes that a visit, service, or supply should cost, whether from a preferred or non-preferred provider. A non-preferred provider may require that you pay more than the recognized charge, and this additional amount would be your responsibility.

**Percentage of remaining charges you pay** refers to the percentage of negotiated or recognized charges you pay after you have fulfilled the deductible and/or copay and before the benefit maximum is reached. This is also known as member coinsurance. A non-preferred provider may require that you pay more than the recognized charge, and this additional amount would also be your responsibility. Once the applicable benefit maximum has been reached, you will be responsible for 100% of the remaining balance.

#### Questions and answers:

##### How do benefit limits work?

This plan has limits on the amount of money it will pay per coverage year. These limits differ for each type of charge and, depending on your plan design as explained in the benefits chart in the previous pages above, may be a maximum number of visits or services, a maximum dollar amount, or both. Because there are limits on what is paid for certain kinds of services or visits, you may not be covered for some services or visits even though you have not reached your overall maximum. **Before you enroll in the plan, please read the benefits chart in the previous pages carefully to understand these limits and consider what effects they may have.**

##### Will the plan always pay up to the maximum benefits per coverage year?

No. How much the plan pays depends on the type and amount of the health care you receive. Some types of charges may have limits that are reached before the overall maximum they are a part of is reached. This means that the plan may no longer pay for certain types of charges you continue to have, even though the overall maximum benefit has not been reached. Please read the benefits chart in the previous pages carefully to understand what types of charges may be limited before the overall maximums in question are reached.

##### How does this limited benefits insurance plan differ from a traditional major medical health plan?

This limited benefits insurance plan, like a traditional major medical health plan, covers a range of health care services both in and out of the hospital. However, this limited benefits insurance plan places limits on how much it will pay or how many services or visits it will cover. Once you have used up the overall maximums or limits on specific benefits, the plan will not pay any more. And unlike most major medical plans, this limited benefits insurance plan does not have catastrophic coverage or a limit on your out-of-pocket expenses. This means that you may have considerable out-of-pocket costs if you have a serious or chronic medical condition that requires hospitalization or continuing outpatient care.

##### What are my rights for childbirth?

The Newborns' and Mothers' Health Protection Act (NMHPA) states that group health plans and health insurers generally may not limit the benefits for a hospital stay connected to childbirth to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section, for either the mother or newborn child. However, it generally does not prohibit the mother's or newborn's doctor from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable) after consulting with the mother. In any case, plans and insurers may not require that a doctor get authorization from the plan or issuer for prescribing a length of stay up to 48 hours (or 96 hours). This act does not change the benefit maximum, limits or deductibles of your plan. The state in which you live, you work, or your plan was underwritten may have additional mandated rights regarding childbirth. Please refer to the plan documents.



## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

**Unless otherwise indicated, all benefits and limitations are per covered person.** Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

---

#### **What are my rights for reconstructive surgery after a mastectomy?**

The Women's Health and Cancer Rights Act (effective 1998) states that any health plan that provides medical benefits for a medically necessary mastectomy must also provide coverage for reconstruction of the same breast, reconstruction of the other breast to achieve symmetry, prostheses, and treatment of physical complications of all stages of mastectomy including lymphedema. This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy. This act does not change the benefit maximum, limits or deductibles of your plan. The state in which you live, you work, or your plan was underwritten may have additional mandated rights regarding a mastectomy. Please refer to the plan documents.

#### **What if I don't understand something I've read here, or have more questions?**

Please call us. We want you to understand these benefits before you decide to enroll. Call member services Monday through Friday between 6 a.m. and 7 p.m. CT and weekends 9 a.m. to 12 p.m. CT, by calling toll free **1-866-292-3374**. We're here to answer questions before and after you enroll.

## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

#### Exclusions and Limitations

This plan does not cover all health care expenses and has exclusions and limitations. Members should refer to their booklet certificate 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 may contain exceptions to this list based on state mandates or the plan design purchased.

##### Medical Exclusions:

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents.
- Any eye surgery mainly to correct refractive errors.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and X-rays, unless medically necessary to repair an injury to the mouth, jaw or teeth resulting from an accident.
- Donor egg retrieval.
- Experimental and investigational procedures.
- Hearing aids.
- Immunizations for travel or work.
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies.
- Nonmedically necessary services or supplies.
- Orthotics.
- Over-the-counter medications and supplies.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling.
- Special duty nursing.

##### Dental Exclusions:

The following charges are not covered under the dental plan, and they will not be recognized toward satisfaction of any deductible amount.

- Cosmetic procedures unless needed as a result of injury.
- Any procedure, service or supplies that are included as covered medical expenses under another group medical expense benefit plan.
- Prescribed drugs, pre-medication, analgesia or general anesthesia.
- Services provided for any type of temporomandibular (TMJ) or related structures, or myofascial pain.
- Charges in excess of the Recognized Charge, based on the 80th percentile of the Medicode Medical Data Research Tables.



## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

#### Short Term Disability Exclusions:

- Attempted suicide, while sane or insane, or intentional self-inflicted injury or sickness, unless as the result of a medical condition.
- Commission of or attempt to commit an act which is a felony in the jurisdiction in which the act occurred.
- Substance abuse.
- Occupational injury or sickness.

#### Term Life Exclusions:

- Suicide or attempted suicide (while sane or insane).

#### Accidental Death Benefit Exclusions:

- Use of alcohol, intoxicants, or drugs, except as prescribed by a physician.
- Suicide or attempted suicide (while sane or insane).
- An intentionally self-inflicted injury.
- A disease, ptomaine or bacterial infection except for that which results directly from an injury.
- Medical or surgical treatment except for that which results directly from an injury.
- Voluntarily inhalation of poisonous gases.
- Commission of or attempt to commit a criminal act.



## BENEFITS SUMMARY

### Plan design and benefits provided by Aetna Life Insurance Company (Aetna)

Unless otherwise indicated, all benefits and limitations are per covered person. Where a benefit is expressed as a percentage, the lower of the negotiated charge(s) or the recognized charge(s) will be the basis of payment.

**THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE DESCRIBED IN THIS BENEFITS SUMMARY.**

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL (1-877-623-6765) or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)). THIS HEALTH PLAN, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at [www.mass.gov/doi](http://www.mass.gov/doi).

This material is for information only and is not an offer or invitation to contract. Insurance plans contain exclusions and limitations. 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 plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. Aetna receives rebates from drug manufacturers 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. Discount programs provide access to discounted prices and are not insured benefits. Material is subject to change.

**Insurance plans are underwritten by Aetna Life Insurance Company.**

For OK residents only, policy forms issued include GR-9N and GR-29N.