

# Underwriting Guidelines

FOR BUSINESSES WITH  
2 TO 50 ELIGIBLE EMPLOYEES



Pennsylvania

\*Health benefits and health insurance, dental benefits/dental insurance, life insurance and disability insurance plans/policies are offered, underwritten or administered by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna).

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# Medical Underwriting Guidelines (Effective 12/1/08)

This list is meant to be informative and is not intended to be all inclusive. Other policies and guidelines may apply.

<b>ELIGIBLE CASES</b>	
<b>Participation</b>	<ul style="list-style-type: none"> <li>▪ Groups with 2-4 eligible employees — 100% of the eligibles must participate, excluding those with qualifying existing spousal, governmental (Medicare, Medicaid, Military) or union coverage.</li> <li>▪ Groups with 5-50 eligible employees — 75% of the eligibles must participate, excluding those with qualifying existing spousal, governmental (Medicare, Medicaid, Military) or union coverage. <b>Example:</b> 22 lives, 2 covered under spouse <math>22 - 2 = 20 \times 75\% = 15</math> (rounded down) must enroll</li> <li>▪ A minimum of two (2) employees must enroll.</li> <li>▪ 100% participation is required for non-contributory plans. That means 100% of all employees must enroll.</li> <li>▪ Any eligible employees waiving coverage must complete the waiver section of the Employee Application and provide proof of other coverage by providing a copy of the ID card.</li> <li>▪ Coverage can be denied based on inadequate participation.</li> </ul>
<b>Employer Contributions</b>	Coverage can be denied if the employer contributes less than 50% of employee-only annual premium.
<b>Employer Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Medical plans can be offered to sole proprietorships, partnerships or corporations.</li> <li>▪ Organizations must not be formed solely for the purpose of obtaining health coverage.</li> <li>▪ Associations, Taft-Hartley, Professional Employers Organizations (PEOs)/employee leasing firms and closed groups are not eligible.</li> </ul>
<b>Employee Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Eligible employees are those employees and active owners who are permanent and work on a full-time basis, as defined by the employer, and who meet any authorized waiting period requirements. Aetna's minimum acceptable hours per week is 25.</li> <li>▪ This includes a sole proprietor or partner of a partnership, if included as an employee in the health benefit plan of employer.</li> <li>▪ Coverage must be extended to all employees meeting the above conditions, unless they belong to a union class excluded as the result of a collective bargaining arrangement.</li> <li>▪ Employees/Individuals not eligible for coverage include 1099 contractors, temporary, seasonal, substitute, uncompensated employee, volunteer, early retiree (&lt;65 years of age), inactive owner, shareholder only, officer who is not active, managing member who is not active, investor only, silent partner.</li> <li>▪ Coverage is available for Medicare-eligible retirees and/or active Medicare-eligibles in accordance with the Medicare-Retiree Underwriting Guidelines.</li> </ul>
<b>Dependent Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 19 or 23 if full-time student).</li> <li>▪ Domestic partners may be covered as an eligible dependent if the employer elects this designation at contract effective or renewal date. The employer must designate whether: a) same and opposite sex domestic partners are eligible or b) opposite sex domestic partners are eligible. Covering same sex domestic partners only is not an option.</li> <li>▪ Individuals cannot be covered as an employee and dependent under the same plan. Children eligible for coverage through both parents cannot be covered by both parents under the same plan.</li> <li>▪ Dependents must enroll in the same benefit option as the employee.</li> </ul>
<b>Out-of-State/Situs Employees</b>	<ul style="list-style-type: none"> <li>▪ For groups with 50% or less employees that work and reside outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC, these employees can enroll in a Pennsylvania PPO Plan (or Indemnity Plan if PPO network is not available).</li> <li>▪ If more than 50% of the group's employees work and reside outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC, Aetna<sup>†</sup> will decline coverage for these employees.</li> </ul>
<b>Option Sales</b>	It is strongly recommended that Aetna be the sole carrier for groups with 2-19 eligible employees.
<b>Dual Product Option</b>	<ul style="list-style-type: none"> <li>▪ Groups with 2-19 enrolling employees can:               <ul style="list-style-type: none"> <li>&gt; offer two (2) medical plans. If two plans are offered they must have different medical features. The same medical plan with different prescription drug plans can not be offered.</li> <li>&gt; offer three (3) medical plans if one of the plans is an HSA Compatible or Health Network Option AHF HRA plan.</li> </ul> </li> <li>▪ Groups with 20-50 enrolling employees can:               <ul style="list-style-type: none"> <li>&gt; offer three (3) medical plans. If three plans are offered they must have different medical features. The same medical plan with different prescription drug plans can not be offered.</li> </ul> </li> </ul>
<b>Excluded Class/Carve Outs</b>	<ul style="list-style-type: none"> <li>▪ If an employer offers health benefits based on class of employee, then all eligible employees must be offered the Aetna plan(s). An eligible class of employee can not be carved out except as provided below.</li> <li>▪ At the election of the group, union employees who have collectively bargained for their health plan may be excluded as eligible employees for the purpose of health coverage.</li> </ul>

<b>Employer Financial Conditions</b>	<ul style="list-style-type: none"> <li>▪ Current carrier bill inclusive of billing summary and employee roster is required.</li> <li>▪ Groups that have been terminated for nonpayment by Aetna will not be eligible to reapply until (1) 12 months after the termination date; or (2) payment of 2 months of premium in advance of issuance of the health benefits plan.</li> </ul>
<b>CASE SUBMISSION</b>	
<b>Tax Information</b>	<ul style="list-style-type: none"> <li>▪ Must submit a copy of the most recent UC-2/Quarterly Wage and Tax Statement (Unemployment Compensation Tax Form), which must contain the names, salaries, etc., of all employees of the employer group.</li> <li>▪ Employees who have terminated or work part-time should be noted accordingly on the UC-2.</li> <li>▪ If there are new hires not listed on the Pennsylvania UC-2, submit payroll information for two (2) consecutive payroll periods, including withholding of federal and state taxes.</li> <li>▪ If there is a new hire working less than 4 weeks that is not on payroll and the group has at least 3 enrolling employees, submit a copy of the offer letter including name, salary, start date and scheduled work hours per week. The following quarter's UC-2 or payroll documentation may be requested to confirm employment status.</li> <li>▪ Sole proprietors, partners, corporate officers not listed on the UC-2 need to complete Aetna's Small Group Proof of Eligibility Form. This form is located at <a href="http://Aetna.com/producers/small_group">Aetna.com/producers/small_group</a>.</li> </ul>
<b>Newly Formed Business (that can not provide requested Tax Information above)</b>	<p>Must provide the following documentation for consideration:</p> <ul style="list-style-type: none"> <li>▪ Supporting documentation of employee eligibility, for example payroll documents showing tax withholding;</li> <li>▪ Tax ID Number; AND</li> <li>▪ Copy of new business license.</li> </ul>
<b>COBRA Eligible</b>	<ul style="list-style-type: none"> <li>▪ COBRA eligibles are included in the Medical underwriting of the group.</li> <li>▪ Health information must be provided on COBRA individuals along with the rest of the group.</li> <li>▪ Date COBRA coverage began will be required at time of enrollment.</li> </ul>
<b>Rating Information</b>	<ul style="list-style-type: none"> <li>▪ A small group with 2-50 eligibles, as defined by HIPAA, cannot be denied based on Medical conditions; however, rates may be adjusted for known Medical conditions. Medical conditions of COBRA enrollees are included in this rating calculation.</li> <li>▪ All quotes are subject to change based on additional information that becomes available in the quoting process and during case submission/installation, including any change in census.</li> <li>▪ If both husband and wife work for the same company and apply under one contract, rates will be based on the oldest adult.</li> <li>▪ All rates will be quoted on a 4-tier structure: single, couple, employee plus child(ren), family.</li> </ul>
<b>Licensed, Appointed Producers</b>	<p>Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products.</p>
<b>Initial Premium Check</b>	<ul style="list-style-type: none"> <li>▪ An initial premium check equal to one month's premium must accompany application. This initial check is not a binder check.</li> <li>▪ If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, the initial premium check will be returned to the employer.</li> <li>▪ Checks must be on company check stock (personal checks not acceptable).</li> <li>▪ If the initial premium check is returned for non-sufficient funds coverage will be terminated retroactive to the effective date.</li> </ul>
<b>CASE INSTALLATION</b>	
<b>Effective Date</b>	<ul style="list-style-type: none"> <li>▪ The effective date will be the 1st or the 15th of the month.</li> <li>▪ The effective date requested by the employer may be up to 60 days in advance.</li> </ul>
<b>Cutoff Dates</b>	<p>Groups with 2-50 eligible employees must have all completed paperwork into Aetna Underwriting 1 business day prior to the requested effective date.</p>
<b>Late Applicants</b>	<p>Late applicants will be postponed to the next open enrollment period.</p>
<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>▪ It is the employer's decision whether or not to impose a waiting period.</li> <li>▪ This must be consistently applied within a class of employees.</li> <li>▪ If there is an option sale, the waiting period must match the other carrier's waiting period. In all cases, the effective date for a new employee will coincide with the premium due date (i.e., the 1st or the 15th of the month).</li> </ul>
<b>Replacing Other Group Coverage</b>	<p>The employer should be told not to cancel any existing Medical coverage until he or she has been notified of approval.</p>

# Dental Underwriting Guidelines (Effective 12/1/08)

This list is meant to be informative and is not intended to be all inclusive. Other policies and guidelines may apply:

<p><b>Product Availability</b></p>	<ul style="list-style-type: none"> <li>■ 2 Eligible Employees — Options 2-8 available with Medical. Options V2, V3, V4, V7 and V8 not available.</li> <li>■ 3-50 Eligible Employees — All plans available with or without Medical.</li> </ul>
<p><b>Product Availability Orthodontia</b></p>	<ul style="list-style-type: none"> <li>■ Available to groups with 10 or more eligible employees.</li> <li>■ Orthodontic coverage available to dependent children only.</li> </ul>
<p><b>Option Sales</b></p>	<ul style="list-style-type: none"> <li>■ All Dental plans must be offered on a full-replacement basis.</li> <li>■ No other employer sponsored Dental plan.</li> </ul>
<p><b>Product Packaging</b></p>	<ul style="list-style-type: none"> <li>■ Options 3, 7, 8, V2, V3, V4, V7 and V8 can not be sold with any other option. It must be the only plan sold.</li> <li>■ Option 2 (DMO) can be either sold as the only Dental option or can be packaged with Options 4-6.</li> <li>■ Options 4, 5, 6 (PPO plans) can be sold standalone or packaged with DMO as a Dual Option.</li> </ul>
<p><b>Employer Contributions</b></p>	<ul style="list-style-type: none"> <li>■ For Options 2-8 employers must contribute at least 25% of the total cost of the plan or 50% of the cost of employee-only coverage. Coverage can be denied based on inadequate contributions.</li> <li>■ For Options V2, V3, V4, V7 and V8, employer contribution of less than 50% of the cost of employee-only coverage. Employee-Pay-All plans are permitted.</li> </ul>
<p><b>Participation</b></p>	<ul style="list-style-type: none"> <li>■ <b>Options 2-8 for Groups of 2-3 Eligible Employees:</b> <ul style="list-style-type: none"> <li>&gt; 100% participation is required, excluding those with other qualifying existing Dental coverage.</li> <li>&gt; Employees may select coverage for eligible dependents under the Dental plan even if they selected single coverage on the Medical plan or vice-versa.</li> <li><b>Example:</b> 3 eligibles; 1 covered under spouse Dental plan (3 minus 1 = 2 x 100% = 2 must enroll in Aetna Dental plan)</li> </ul> </li> <li>■ <b>Options 2-8 for Groups of 4-50 Eligible Employees:</b> <ul style="list-style-type: none"> <li>&gt; Non-contributory plans — 100% participation is required. All employees excluding those with other qualifying existing Dental coverage must enroll.</li> <li>&gt; Contributory plans — 75% participation is required, excluding those with other qualifying existing Dental coverage. A minimum of 50% of total eligible employees must enroll in the Dental plan. Employees may select coverage for eligible dependents under the Dental plan even if they selected single coverage on the Medical plan or vice-versa.</li> <li><b>Example 1:</b> 6 eligibles; 2 covered under spouse Dental plan (6 minus 2 = 4 x 75% = 3 must enroll in Aetna Dental plan)</li> <li><b>Example 2:</b> 5 eligibles; 2 covered under spouse Dental plan (5 minus 2 = 3 x 75% = 2.25; 3 must enroll in Aetna Dental plan because 2 would not meet the 75% test or the 50% minimum test)</li> </ul> </li> <li>■ <b>Options V2, V3, V4, V7 and V8 for Groups of 3-50 Eligible Employees:</b> <ul style="list-style-type: none"> <li>&gt; 25% participation, enrollees excluding those with other qualifying existing Dental coverage or a minimum of 3 enrollees whichever is greater is required. Employees may select coverage for eligible dependents under the Dental plan even if they select single coverage on the Medical plan or vice-versa.</li> <li><b>Example 1:</b> 6 eligibles; 2 covered under spouse Dental plan (6 minus 2 = 4 x 25% = 1; 1 is below the 3 enrollee minimum so 3 must enroll in the Aetna Voluntary Dental plan to meet minimum enrollment)</li> <li><b>Example 2:</b> 20 eligibles; 2 covered under spouse Dental plan (20 minus 2 = 18 x 25% = 4.5; 5 must enroll in the Aetna Voluntary Dental plan)</li> </ul> </li> </ul>
<p><b>Out-of-State/Situs Employees</b></p>	<p>Employees who reside outside of NJ, PA, DE, MD, VA, DC, NY or CT are considered outside the situs region. Out-of-State/Situs employees will be offered one of the specific out-of-state/situs Dental PPO plans. Employees who fall outside a Dental PPO network area will default to a comparable Indemnity plan. Maximum out-of-state/situs employee percentage (and/or number of employees) will agree with the Medical guidelines.</p>
<p><b>Full-Time Hours</b></p>	<p>Full-time hour guideline will agree with the Medical guideline.</p>

<b>Retirees</b>	<ul style="list-style-type: none"> <li>Medicare-eligible retirees who are enrolled in a Aetna Medicare Plan are eligible to enroll in Dental Options 2-8 in accordance with these Dental Underwriting Guidelines.</li> <li>Options V2, V3, V4, V7 and V8 are not available to retirees.</li> </ul>																														
<b>Open Enrollment</b>	<ul style="list-style-type: none"> <li>Open enrollments are prohibited.</li> <li>An employee or dependent can enroll at any time but is subject to the Dental Late Entrant provision if enrollment occurs other than within 31 days of first becoming eligible unless a qualifying Life event has occurred or the enrollee is less than age 5.</li> </ul>																														
<b>Late Entrants</b>	<ul style="list-style-type: none"> <li>An employee or dependent who enrolls other than within 31 days of first becoming eligible is subject to the Late Entrant provision.</li> <li>Coverage limited to Preventive &amp; Diagnostic services for first 12 months. No coverage for most Basic and Major services for first 12 months (24 months for Orthodontics).</li> <li>Does not apply to enrollees less than age 5.</li> </ul>																														
<b>Coverage Waiting Period</b>	<ul style="list-style-type: none"> <li>On PPO and Indemnity plans, member must be enrolled for 1 year to be eligible for Major and Orthodontic services.</li> <li>For DMO plan, there is no Coverage Waiting Period.</li> </ul>																														
<b>Waiting Period Waiver</b>	<p>Waiting Period is waived separately for Major or Orthodontic services if the group applying for coverage currently has dental coverage. To request this waiver, submit the benefit summary, roster and bill from the previous Dental plan. To waive Waiting Period for Orthodontic services, the group's immediately preceding plan must include Orthodontic coverage. To waive Waiting Period for Major services, the group's immediately preceding group plan must cover Major services.</p> <p><b>Example:</b> Prior Major coverage but no Orthodontic coverage. New plan has both Major and Orthodontic coverage. The waiting period is waived for Major services but not for Orthodontic services.</p>																														
<b>Reinstatement</b>	For Options V2, V3, V4, V7 and V8: Members who were once enrolled then terminated their coverage by discontinuing their contributions may not re-enroll for a period of 24 months. All coverage rules will apply from the new effective date including, but not limited to, the Coverage Waiting Period.																														
<b>Medical Underwriting</b>	None																														
<b>Excluded Class/Carve Out</b>	Not allowed																														
<b>Adding Dental</b>	<ul style="list-style-type: none"> <li>Established group adding Dental coverage must request 5 days prior to the desired effective date.</li> <li>Future renewal dates of the Dental products will be the same as the Medical Plan renewal date.</li> </ul>																														
<b>Ineligible Industries</b>	<ul style="list-style-type: none"> <li>Ineligible industry list applies only when Dental is sold standalone or packaged only with Group Insurance.</li> <li>This list does not apply when Dental is sold in combination with Medical.</li> </ul> <table border="0"> <thead> <tr> <th><b>SIC Range</b></th> <th><b>SIC Description</b></th> </tr> </thead> <tbody> <tr> <td>7933</td> <td>Bowling Centers</td> </tr> <tr> <td>8611</td> <td>Business Associations</td> </tr> <tr> <td>7911</td> <td>Dance Studios, Schools</td> </tr> <tr> <td>7361-7363</td> <td>Employment Agencies</td> </tr> <tr> <td>7999</td> <td>Misc Amusement and Recreation</td> </tr> <tr> <td>8699</td> <td>Misc Membership Organizations</td> </tr> <tr> <td>8999</td> <td>Misc Services</td> </tr> <tr> <td>7991</td> <td>Physical Fitness Facilities</td> </tr> <tr> <td>8811</td> <td>Private Households</td> </tr> <tr> <td>7941-7948</td> <td>Professional Sports Clubs &amp; Producers, Race Tracks</td> </tr> <tr> <td>8621-8651</td> <td>Professional Membership Organizations, Labor Unions, Civic Social &amp; Fraternal Organizations, Political Organizations</td> </tr> <tr> <td>7992-7997</td> <td>Public Golf Courses, Amusements, Membership Sports &amp; Recreation Clubs</td> </tr> <tr> <td>8661</td> <td>Religious Organizations</td> </tr> <tr> <td>7922-7929</td> <td>Theatrical Producers, Bands, Orchestras, Actors</td> </tr> </tbody> </table>	<b>SIC Range</b>	<b>SIC Description</b>	7933	Bowling Centers	8611	Business Associations	7911	Dance Studios, Schools	7361-7363	Employment Agencies	7999	Misc Amusement and Recreation	8699	Misc Membership Organizations	8999	Misc Services	7991	Physical Fitness Facilities	8811	Private Households	7941-7948	Professional Sports Clubs & Producers, Race Tracks	8621-8651	Professional Membership Organizations, Labor Unions, Civic Social & Fraternal Organizations, Political Organizations	7992-7997	Public Golf Courses, Amusements, Membership Sports & Recreation Clubs	8661	Religious Organizations	7922-7929	Theatrical Producers, Bands, Orchestras, Actors
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# Underwriting Guidelines for Life/AD&D and Disability Only (12/01/08)

<b>Product Availability</b>	<ul style="list-style-type: none"> <li>■ 2-50 eligible employees if sold with Medical.</li> <li>■ 10-50 eligible employees if sold on a standalone basis.</li> <li>■ Must meet the qualifications of a small business. The same employer eligibility guidelines that apply to Medical will apply to Life and Disability coverage.</li> <li>■ Life and Packaged Life/Disability are bundled with Medical at the employer level, not the employee level. Therefore, a subscriber within a given group can waive Medical coverage and still enroll in Life or the Packaged Life/Disability Plan.</li> <li>■ Groups are ineligible for Disability coverage if 60% or more of eligible employees or 60% or more of eligible payroll are for employees over 50 years old.</li> </ul>												
<b>Employee Eligibility</b>	<ul style="list-style-type: none"> <li>■ Permanent full-time employees who work the minimum hours required for Medical coverage as mandated by the state are eligible for insurance on the effective date of the plan, provided they are actively at work on that date.</li> <li>■ 1099 contractors, stockholders, partners or other outside consultants who are not active, permanent full-time employees are not eligible.</li> <li>■ Coverage must be extended to all employees meeting the above conditions, unless they belong to a class excluded as a result of conditions pertaining to their employment, e.g. union status or job class.</li> <li>■ Retirees are not eligible for Life or Disability coverage.</li> <li>■ Employees who are both disabled and away from work on the date their insurance would otherwise become effective will become insured on the date they return to active full-time work one full day.</li> <li>■ An employee can waive Medical coverage and still enroll for Life/AD&amp;D and Disability.</li> </ul>												
<b>Dependent Eligibility</b>	<ul style="list-style-type: none"> <li>■ Dependent children are covered from 14 days up to age 19 or up to 23 if in school.</li> <li>■ Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan.</li> <li>■ Individuals cannot be covered as an employee and dependent under the same plan, nor may children eligible for coverage through both parents be covered by both under the same plan.</li> <li>■ Dependents are not eligible for AD&amp;D Ultra® or Disability.</li> </ul>												
<b>Job Classification (Position) Schedules</b>	<ul style="list-style-type: none"> <li>■ Varying levels of coverage based on job classifications are available for groups with 10 or more lives. Up to 3 separate classes are allowed, with a minimum requirement of 3 employees in each class.</li> <li>■ Items such as waiting periods must be applied consistently within a class of employee.</li> <li>■ The benefit for the class with the richest benefit must not be greater than five (5) times the benefit of the class with the lowest benefit. For example, a schedule may be structured as follows:</li> </ul> <table border="1" data-bbox="451 1255 1507 1381"> <thead> <tr> <th>Position/Job Class</th> <th>Basic Term Life Amount</th> <th>Packaged Life/Disability</th> </tr> </thead> <tbody> <tr> <td>Executives</td> <td>\$50,000</td> <td>High Option</td> </tr> <tr> <td>Managers/Supervisors</td> <td>\$20,000</td> <td>Medium Option</td> </tr> <tr> <td>All Other Employees</td> <td>\$10,000</td> <td>Low Option</td> </tr> </tbody> </table>	Position/Job Class	Basic Term Life Amount	Packaged Life/Disability	Executives	\$50,000	High Option	Managers/Supervisors	\$20,000	Medium Option	All Other Employees	\$10,000	Low Option
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Executives	\$50,000	High Option											
Managers/Supervisors	\$20,000	Medium Option											
All Other Employees	\$10,000	Low Option											
<b>Guaranteed Issue Coverage</b>	<ul style="list-style-type: none"> <li>■ Aetna provides certain amounts of Life insurance to all timely entrants without requiring an employee to answer any Medical questions. These insurance amounts are called "Guaranteed Issue."</li> <li>■ Employees wishing to obtain increased insurance amounts will be required to submit Evidence of Insurability, which means they must complete a Medical questionnaire and may be required to submit to a Medical exam.</li> </ul>												
<b>Evidence of Insurability (EOI)</b>	<p>EOI is required when one or more of the following conditions exist:</p> <ol style="list-style-type: none"> <li>1) Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit.</li> <li>2) Life or Disability coverage is not requested within 31 days of eligibility for contributory coverage.</li> <li>3) New Life or Disability coverage is requested during the anniversary period.</li> <li>4) Coverage is requested outside of the employer's anniversary period due to qualifying Life event (i.e., marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.)</li> <li>5) Reinstatement or restoration of coverage is requested.</li> </ol>												
<b>Continuity of Coverage (No Loss/No Gain)</b>	<ul style="list-style-type: none"> <li>■ The employee will not lose coverage due to a change in carriers. This protects employees who are not actively at work during a change in insurance carriers.</li> <li>■ If an employee is not actively at work, Aetna will waive the actively-at-work requirement and provide coverage, except no benefits are payable if the prior plan is liable.</li> </ul>												

<p><b>Employer Contribution</b></p>	<ul style="list-style-type: none"> <li>▪ 2-9 eligible employees — 100% of the total cost of the basic Life plan (excluding Optional Dependent Term).</li> <li>▪ 10-50 eligible employees — at least 50% of the total cost of the plans (excluding Optional Dependent Term).</li> <li>▪ Coverage can be denied based on inadequate contributions.</li> </ul>																																
<p><b>Participation</b></p>	<ul style="list-style-type: none"> <li>▪ Employees may elect Life or Disability insurance even if they do not elect Medical coverage and the group must meet the required participation percentage. If not, then Life/Disability will be declined for the group.</li> <li>▪ 2-9 eligible employees <ul style="list-style-type: none"> <li>&gt; 100% participation is required</li> <li><b>Example:</b> 9 employees, 3 waiving Medical. All 9 must enroll for Life.</li> </ul> </li> <li>▪ 10-50 eligible employees <ul style="list-style-type: none"> <li>&gt; 75% must participate when the plan is at least partially contributory.</li> <li>&gt; 100% participation is required for all noncontributory plans.</li> </ul> </li> </ul>																																
<p><b>Late Applicants</b></p>	<ul style="list-style-type: none"> <li>▪ Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date.</li> <li>▪ The applicant will be required to complete an individual health statement/questionnaire and provide Evidence of Insurability (EOI).</li> </ul>																																
<p><b>Industries</b></p>	<ul style="list-style-type: none"> <li>▪ Basic Term Life only — all industries are eligible.</li> <li>▪ Disability — the following industries are not eligible for the Packaged Life and Disability plan:</li> </ul> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><b>SIC Range</b></th> <th style="text-align: left;"><b>SIC Description</b></th> </tr> </thead> <tbody> <tr> <td>3291-3292</td> <td>Asbestos Products</td> </tr> <tr> <td>7500-7599</td> <td>Automotive Repairs/Services</td> </tr> <tr> <td>8010-8043</td> <td>Doctors Offices/Clinics</td> </tr> <tr> <td>2892-2899</td> <td>Explosives, Bombs &amp; Pyrotechnics</td> </tr> <tr> <td>3480-3489</td> <td>Fire Arms &amp; Ammunition</td> </tr> <tr> <td>5921</td> <td>Liquor Stores</td> </tr> <tr> <td>8600-8699</td> <td>Membership Associations</td> </tr> <tr> <td>1000-1499</td> <td>Mining</td> </tr> <tr> <td>7800-7999</td> <td>Motion Picture/Amusement &amp; Recreation</td> </tr> <tr> <td>9999</td> <td>Non-classified Establishments</td> </tr> <tr> <td>3310-3329</td> <td>Primary Metal Industries</td> </tr> <tr> <td>6531</td> <td>Real Estate — Agents</td> </tr> <tr> <td>6211</td> <td>Security Brokers</td> </tr> <tr> <td>7381</td> <td>Service — Detective Services</td> </tr> <tr> <td>8800-8899</td> <td>Service — Private Households</td> </tr> </tbody> </table>	<b>SIC Range</b>	<b>SIC Description</b>	3291-3292	Asbestos Products	7500-7599	Automotive Repairs/Services	8010-8043	Doctors Offices/Clinics	2892-2899	Explosives, Bombs & Pyrotechnics	3480-3489	Fire Arms & Ammunition	5921	Liquor Stores	8600-8699	Membership Associations	1000-1499	Mining	7800-7999	Motion Picture/Amusement & Recreation	9999	Non-classified Establishments	3310-3329	Primary Metal Industries	6531	Real Estate — Agents	6211	Security Brokers	7381	Service — Detective Services	8800-8899	Service — Private Households
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This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call the number on your ID card. All others, for HMO and QPOS products call: 1-888-70-AETNA (1-888-702-3862). For Health Network Option products, call 1-866-529-2517. For Traditional/PPO products call: 1-888-80-AETNA (1-888-702-3862).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Plan features and availability may vary by location and group size. Health/Dental benefits and health/dental insurance, life and disability insurance plans/policies contain exclusions and limitations.

Not all health/dental/disability 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 and are subject to change.

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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

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.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).