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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.

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

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www.aetna.com

13.02.311.1-TN (3/07)

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

Tennessee

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

We want you to know®

Aetna®

13.02.311.1-TN (3/07)

Choose the Aetna Advantage plan that best fits your needs

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

PPO Plans

With the Tennessee PPO health insurance plans, 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.

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 most 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.

High-Deductible PPO Plans (HSA-Compatible)

With the Tennessee High-Deductible PPO health insurance plans, you'll pay lower premiums in exchange for higher annual deductibles — at least $3,000 for individuals and $6,000 for families. A key advantage of this 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.

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 your broker or visit Aetna's website at www.aetnaindividualhsa.com to view and download the materials.

Child Only Coverage

All of the Advantage plans in Tennessee 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.

Things You Need to Know to Enroll

To qualify for 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 24 for dependent children
- 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 Tennessee 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.

Dental Coverage Requirements

- Dental is optional coverage to medical plans.
- Dental must be selected at time of medical enrollment and requires a 12 month commitment.

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

Terms of coverage

Your rates are guaranteed not to increase for 12 months from your effective date! Final rates are subject to underwriting review.

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

Have Questions? Call your broker.

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 your broker and ask for a directory of providers.

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 enrollment form. Initial payment can be made with EFT. Your payment will be deducted upon approval of the enrollment form.

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.

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."

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.

Aetna's Tennessee Service Area*

The Tennessee counties where Aetna Advantage Plans are offered.

Aetna Advantage Plans rating areas for Tennessee:

AREA 1

Benton
Bledsoe
Campbell
Claiborne
Clay
Cumberland
Fentress
Grundy
Hardin
Haywood
Henry
Hickman
Houston
Humphreys
Jackson
Marshall
McMinn
McNairy
Monroe
Overton
Perry
Pickett
Polk
Putnam
Rhea
Scott
Stewart
Van Buren
Warren
Wayne
White

AREA 2

Cheatham
Chester
Coffee
Crockett
Decatur
Franklin
Gibson
Hardeman
Henderson
Madison
Montgomery
Robertson
Sumner
Williamson
Wilson

AREA 3

Anderson
Blount
Carroll
Carter
Cocke
Davidson
Dyer
Fayette
Grainger
Greene
Hamblen
Hancock
Hawkins
Jefferson
Johnson
Knox
Lake
Lauderdale
Loudon
Morgan
Obion
Roane
Sevier
Shelby
Sullivan
Tipton
Unicoi
Union
Washington
Weakley

AREA 4

Bedford
Cannon
DeKalb
Dickson
Giles
Lawrence
Lewis
Lincoln
Macon
Maury
Moore
Rutherford
Smith
Trousdale

AREA 5

Bradley
Hamilton
Marion
Meigs
Sequatchie

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

TENNESSEE AETNA ADVANTAGE PLAN OPTIONS

	PPO 500		PPO 1000		PPO 1500	
MEMBER BENEFITS	In-Network	Out-of-Network+	In-Network	Out-of-Network+	In-Network	Out-of-Network+
Deductible Individual Family	 $500 $1,000	 $1,000 $2,000	 $1,000 $2,000	 $2,000 $4,000	 $1,500 $3,000	 $3,000 $6,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum Individual Family	 $1,500 $3,000	 $1,500 $3,000	 $1,500 $3,000	 $1,500 $3,000	 $1,500 $3,000	 $1,500 $3,000
Out of Pocket Maximum Individual Family	 $2,000 $4,000	 $2,500 $5,000	 $2,500 $5,000	 $3,500 $7,000	 $3,000 $6,000	 $4,500 $9,000
Lifetime Maximum*	$5,000,000		$5,000,000		$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrican or Internist)	$20 copay – not subject to the deductible	50% after deductible	$20 copay – not subject to the deductible	50% after deductible	$25 copay – not subject to the deductible	50% after deductible
Specialist Visit	$30 copay – not subject to the deductible	50% after deductible	$30 copay – not subject to the deductible	50% after deductible	$35 copay – not subject to the deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	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	20% after deductible	50% after deductible
Emergency Room	$100 copay (waived if admitted) 20% after deductible		$100 copay (waived if admitted) 20% after deductible		$100 copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay – not subject to deductible	50% after deductible	No Copay – not subject to deductible	50% after deductible	No Copay – not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual*) ($200 per exam)	$20 copay – not subject to the deductible	50% after deductible	$20 copay – not subject to the deductible	50% after deductible	$25 copay – not subject to the deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (Aetna will pay $25 Max – 24 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment ($2000 per calendar year *)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY						
Pharmacy Deductible per Individual (does not apply to generic)*	$250	$250	$250	$250	$250	$250
Generic (Oral 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 Name	$25 copay after deductible	$25 copay plus 50% after deductible	$25 copay after deductible	$25 copay plus 50% after deductible	$25 copay after deductible	$25 copay plus 50% after deductible
Non-Preferred Brand (Oral Contractives 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
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	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 pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

TENNESSEE AETNA ADVANTAGE PLAN OPTIONS

	PPO 2500		PPO 5000	
MEMBER BENEFITS	In-Network	Out-of-Network+	In-Network	Out-of-Network+
Deductible Individual Family	 $2,500 $5,000	 $5,000 $10,000	 $5,000 $10,000	 $10,000 $20,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum Individual Family	 $2,500 $5,000	 $2,500 $5,000	 $2,500 $5,000	 $2,500 $5,000
Out of Pocket Maximum Individual Family	 $5,000 $10,000	 $7,500 $15,000	 $7,500 $15,000	 $12,500 $25,000
Lifetime Maximum *	$5,000,000		$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrican or Internist)	$30 copay – not subject to the deductible	50% after deductible	$40 copay – not subject to the deductible	50% after deductible
Specialist Visit	$40 copay – not subject to the deductible	50% after deductible	$50 copay – not subject to the deductible	50% after deductible
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	$100 copay (waived if admitted) 20% after deductible		$100 copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay – not subject to deductible	50% after deductible	No Copay – not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual*) ($200 per exam)	$30 copay not subject to the deductible	50% after deductible	$40 copay – not subject to the deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible
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 (Aetna will pay $25 Max – 24 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment ($2000 per calendar year *)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY				
Pharmacy Deductible per Individual (does not apply to generic)*	$500	$500	$500	$500
Generic (Oral 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 Name	$25 copay after deductible	$25 copay plus 50% after deductible	$25 copay after deductible	$25 copay plus 50% after deductible
Non-Preferred Brand (Oral Contractives Included)	$40 copay after deductible	$40 copay plus 50% after deductible	$40 copay after deductible	$40 copay plus 50% after deductible
Calendar Year Maximum per Individual*	Unlimited	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 pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

TENNESSEE AETNA ADVANTAGE PLAN OPTIONS

	PPO High Deductible 3000 (HSA Compatible)		PPO High Deductible 5000 (HSA Compatible)	
MEMBER BENEFITS	In-Network	Out-of-Network+	In-Network	Out-of-Network+
Deductible Individual Family	 $3,000 $6,000	 $6,000 $12,000	 $5,000 $10,000	 $10,000 $20,000
Coinsurance (Member's Responsibility)	10% after deductible 0% once out of pocket Max is satisfied.	50% after deductible 0% once out of pocket Max is satisfied.	0% after deductible	20% after deductible
Coinsurance Maximum Individual Family	 $2,000 $4,000	 $4,000 $8,000	 $0 $0	 $2,500 $5,000
Out of Pocket Maximum Individual Family	 $5,000 $10,000	 $10,000 $20,000	 $5,000 $10,000	 $12,500 $25,000
Lifetime Maximum *	$5,000,000		$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrican or Internist)	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Specialist Visit	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Hospital Admission	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Outpatient Surgery	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Emergency Room	$100 copay (waived if admitted) 10% after deductible		$0 copay after deductible	$0 copay after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay – not subject to deductible	50% after deductible	No Copay – not subject to deductible	20% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual*) ($200 per exam)	$25 copay – not subject to the deductible	50% after deductible	$40 copay – not subject to deductible	20% after deductible
Lab/X-Ray	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Physical/Occupational Therapy (Aetna will pay $25 Max – 24 visits per calendar year*)	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Home Health Care (30 visits per calendar year*)	10% after deductible	50% after deductible	0% after deductible	20% after deductible
Durable Medical Equipment ($2000 per calendar year *)	10% after deductible	50% after deductible	0% after deductible	20% after deductible
PHARMACY				
Pharmacy Deductible per Individual	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic (Oral Contraceptives included)	$15 copay after deductible	$15 copay plus 50% after Medical deductible	0% after Medical Deductible	20% after Medical Deductible
Preferred Brand Name	$25 copay after deductible	$25 copay plus 50% after deductible	0% after Medical Deductible	20% after Medical Deductible
Non-Preferred Brand (Oral Contractives Included)	$40 copay after deductible	$40 copay plus 50% after deductible	0% after Medical Deductible	20% after Medical Deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	$5,000	$5,000

* 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 pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

TENNESSEE AETNA ADVANTAGE PLAN OPTIONS

	Preventative and Hospital Care 1250		Preventative and Hospital Care 3000 (HSA compatible)	
MEMBER BENEFITS	In-Network	Out-of-Network+	In-Network	Out-of-Network+
Deductible Individual Family	 $1,250 $2,500	 $2,500 $5,000	 $3,000 $6,000	 $6,000 $12,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible	20% after deductible 0% once out of pocket Max is satisfied.	50% after deductible 0% once out of pocket Max is satisfied.
Coinsurance Maximum Individual Family	 $2,500 $5,000	 $5,000 $10,000	 $2,000 $4,000	 $4,000 $8,000
Coinsurance Out of Pocket Max Individual Family	 $3,750 $7,500	 $7,500 $15,000	 $5,000 $10,000	 $10,000 $20,000
Lifetime Maximum *	$5,000,000		$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrican 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	$100 copay (waived if admitted) 20% after deductible		$100 copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay – not subject to deductible	50%	No Copay – 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 the deductible	50%	$35 copay – not subject to the 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%	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 per Individual*	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Generic (Oral Contraceptives included)	$15 copay	$15 copay plus 50%	Not Covered**	Not Covered**
Preferred Brand Name	Not Covered**	Not Covered**	Not Covered**	Not Covered**
Non-Preferred Brand** (Oral Contractives Included)	Not Covered**	Not Covered**	Not Covered**	Not Covered**

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

** Aetna Discount Applies.

\+ 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 pages 19-20. 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 ded	50% not subject to ded
Comprehensive oral exam	100% not subject to ded	50% not subject to ded
Problem-focused oral exam	100% not subject to ded	50% not subject to ded
X-rays		
Bitewing — single film	100% not subject to ded	50% not subject to ded
Complete series	100% not subject to ded	50% not subject to ded
PREVENTIVE SERVICES		
Adult cleaning	100% not subject to ded	50% not subject to ded
Child cleaning	100% not subject to ded	50% not subject to ded
Sealants — per tooth	Discount	Not Covered
Fluoride application — with cleaning	100% not subject to ded	50% not subject to ded
Space maintainers	Discount	Not Covered
BASIC SERVICES		
Amalgam filling — 2 surfaces	100% after ded	50% after ded
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 county list on page 8.

A summary of exclusions is listed on pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

Tennessee Limitations and Exclusions

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 365 days 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 enrollment form, 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
- Not covered except for Drug and Alcohol dependencies associated with severe, biologically based mental or nervous disorders.
- Mental Health 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 enrollment form 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.

Notes