



CONTACT INFORMATION

| | |
|--|--|
| Member Support | 888-702-3862 (HMO/HNO) 888-802-3862 (OAMC/Indemnity) 877-238-6200 (DENTAL) |
| Bilingual Support | 888-702-3862 (HMO/HNO) 888-802-3862 (OAMC/Indemnity) |
| Internet Support | www.aetna.com www.aetn navigator.com |
| Provider Eligibility Verification | 888-632-3862 |
| Provider Services | 888-632-3862 |
| Broker Support | 800-343-6101 Email: SelectAnswerTeamWest@Aetna.com |
| Commissions | 800-622-3435 |
| Employer Support | 800-343-6101 |
| Adds/Terms | Email: EnrollmentSGW@aetna.com For urgent adds, call Aetna Answer Team 800-343-6101 option #6 |
| Billing | 800-343-6101 |
| Pharmacy | 800-238-6279 (Prompt 1 for Member) |
| Mail Order Drug | 866-612-3862 (Prompt 1 for Member) |
| Claims Reimbursement | HMO/HNO Aetna P.O. Box 24019 Fresno, CA 93779 OAMC/Indemnity Aetna P.O. Box 981204 El Paso, TX 79998-1204 This may or may not match what is on the employee's ID card. |
| Tax ID Number | 61-345436 |
| PayFlex (HSA Banking Partner) | Member Services 855-384-8249 Employer Services 855-462-3056 Broker Services 855-462-3056 Website www.payflexwallet.com |



PROVIDER NETWORKS

HMO Networks *Aetna Whole Health HMO, Aetna Health Network Only*

PPO Networks *Open Access Managed Choice (OAMC), Open Choice PPO*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st of the month*

Premium Amount Required for 15th? *One month*

Applications must be dated within *Within 90 days prior to the effective date*

Spouse/Domestic Partner Employees - 1 application or 2? *Either 1 or 2 applications*

FEES

Enrollment Fee Amount *None*

Type of Enrollment Fee *N/A*

Monthly Administration Fee *None*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors? *No*

Is on-the-job covered for corporate officers, partners and sole proprietors? *Yes*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

Groups will go through the Aetna re-verification annually. Aetna sends out the documentation 6 months prior to the effective date.

Dependents who reside separately from the employee and are not in an approved Aetna service area will be enrolled on the subscriber's HMO plan and will need to access care via the selected Primary Care Physician in the subscriber's/family's HMO service area (except for urgent and emergency care). Any dependent that is currently enrolled in the out-of-area dependent Aetna PPO plan will not be impacted by this change so long as they remain eligible for coverage.



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

| | After Issue |
|----------------------------|-------------|
| Min. # of employees | 51* |
| Max. # of employees | N/A |

*A group of 2 with one valid waiver due to other group coverage, individual or Medicare.

Minimum Employer Contribution

| | Group Size |
|------------------------|--|
| | <i>Pick-A-Plan 3 51-100</i> |
| Employees | <i>Two Options: 1. 50% of the employee rate for plan employee selects; 2. Defined contribution of at least \$120 or the actual cost of the plans picked, whichever is less</i> |
| For Dependents | |
| % of Total Cost | |

PARTICIPATION

Contributory

| | Group Size |
|-------------------|------------------------------------|
| | <i>51-100</i> |
| Employees | <i>75% excluding valid waivers</i> |
| Dependents | N/A |

Non-Contributory

| | |
|-------------------|-------------|
| Employees | <i>100%</i> |
| Dependents | N/A |



COVERAGE RESTRICTIONS

| | |
|--|---|
| Are commission-only employees allowed? | Yes—must be full-time employee, have an employer/employee relationship and have workers' comp coverage. Need to submit wage and tax reports for proof |
| Are 1099 employees allowed? | No |
| Are employees covered if traveling out of USA? | Emergency services only |
| Is coverage available for out-of-state employees? | HNO and HMO: No OAMC: May be exception that will be determined at time of underwriting Indemnity: Yes—except in HI & VT |
| Max. percentage of employees residing out-of-state allowed | OAMC only - Group must be headquartered in NV with 1 NV employee enrolling on the plan |

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

| Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design? | | | | | | |
|--|---------|--------------------|-----------------------------------|-----------------------|---------------|------------------|
| | Insulin | Needles & Syringes | Chem-Strips and/or Testing Agents | Insulin Pump Supplies | Insulin Pump† | Glucose Monitor† |
| Rx Drug Benefit | ■ | ■ | ■ | | | |
| Medical/Durable Medical Equipment Benefit* | | | | ■ | ■ | ■ |

*Vendors for Diabetes Equipment: For Insulin Pumps please see DocFind. Glucose Monitors can be obtained at any retail pharmacy.

Self-Injectable Drug Benefits

| | Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit? | Is pre-authorization required? | Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor? |
|----------------------------|--|--------------------------------|--|
| State-mandated HMO plans | Medical Benefit | Depends on drug* | Typically through Specialty Pharmacy Network |
| NV AWH Las Vegas HMO plans | Generally under the 4th tier Prescription Drug Benefit | Depends on drug* | Typically through Specialty Pharmacy Network |
| HNO plans | Generally under the 4th tier Prescription Drug Benefit | Depends on drug* | Typically through Specialty Pharmacy Network |
| OAMC & Indemnity Plans | Generally under the 4th tier Prescription Drug Benefit | Depends on drug* | Typically through Specialty Pharmacy Network |

* Check Aetna's Rx formulary at www.aetna.com/formulary

For Prescription information, refer to comparison chart in the front of this guide.

These services may change at any time without notice.
Please contact your Word & Brown rep for specific inquiries on listed services

Benefit information shown on this page is a brief summary. Limitations and exclusions apply.
Please refer to certificate book, evidence of coverage or call representative for details.

