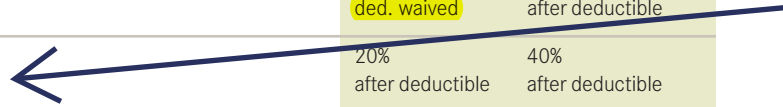


PREMIER PLAN – MANAGED CHOICE OPEN ACCESS NETWORK

	PREMIER \$5000 DEDUCTIBLE PLAN	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual / Family	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$2,500/\$5,000	\$2,500/\$5,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family	\$7,500/\$15,000	\$12,500/\$25,000
Lifetime Maximum* per Insured	\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$40 copay ded. waived	40% after deductible
Specialist Visit	\$50 copay ded. waived	40% after deductible
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine GYN Exam Annual Pap	\$0 copay ded. waived	40% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health Routine Physical <i>Aetna will pay up to \$200.</i>	\$40 copay ded. waived	40% after deductible
Lab / X-Ray	20% after deductible	40% after deductible
Skilled Nursing In lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	40% after deductible
Home Health Care In lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible Individual / Family	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic
Generic <i>Oral Contraceptives Included</i>	\$15 copay ded. waived	\$15 copay plus 40% ded. waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$25 copay after deductible	\$25 copay plus 40% after ded.
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 40% after ded.
Self Injectibles	20% after deductible	20% after deductible
Calendar Year Maximum per Individual*	Unlimited	



* Maximum applies to combined in-and out-of-network benefits. For a full list of benefit coverage and exclusions refer to plan documents.

** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket max.

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

AARP Essential Premier Health Insurance Plan is the brand name used for products and services provided for AARP members by Aetna Life Insurance Company through an Association Group Agreement. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

Health insurance plans contain exclusions and limitations. 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.

For a full and complete list of benefit coverage and exclusions refer to the plan documents.

Materials subject to change. ©2007 Aetna Inc.