

AARP® Essential Premier Health Insurance

A guide to understanding your choices
and selecting an insurance plan

Michigan



AARP®

Essential Premier Health Insurance
insured by

 Aetna®

How to use this guide

This free guide is courtesy of the independent agent authorized to offer AARP® Essential Premier Health Insurance, insured by Aetna, in your area.

Here's how to use the guide to select and apply for the right AARP Essential Premier Health Insurance plan for you:

1.

2.

3.

4.

5.

AARP® Essential Premier Health Insurance Plan is the name of the plan provided for AARP members by Aetna Life Insurance Company. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and your clients may be declined coverage in accordance with their health condition.

Confirm the plan is available in your area.

Page 1

Check out the plan's many advantages.

Page 3

Learn about the types of coverage options available to you.

Page 5

Compare the plans insured by Aetna and their features side by side.

Page 9

Apply with your independent insurance agent* authorized to offer the plan in your area.

* AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

1. Is AARP® Essential Premier Health Insurance available in your area?

Michigan network map



Covered* counties are shaded in grey and listed on page 2. For more information, see plan details on page 9.

* Networks may not be available in all ZIP codes and/or counties. Networks are subject to change.

Network Counties

Alcona	Ionia	Osceola
Alger	Iosco	Oscoda
Allegan	Iron	Otsego
Alpena	Isabella	Ottawa
Antrim	Jackson	Presque Isle
Arenac	Kalamazoo	Roscommon
Baraga	Kalkaska	Saginaw
Barry	Kent	Saint Clair
Bay	Keweenaw	Saint Joseph
Benzie	Lake	Sanilac
Berrien	Lapeer	School-Craft
Branch	Leelanau	Shiawassee
Calhoun	Lenawee	Tuscola
Cass	Livingston	Van Buren
Charlevoix	Luce	Washtenaw
Cheboygan	Mackinac	Wayne
Chippewa	Macomb	Wexford
Clare	Manistee	
Clinton	Marquette	
Crawford	Mason	
Delta	Mecosta	
Dickinson	Menominee	
Eaton	Midland	
Emmet	Missaukee	
Genesee	Monroe	
Gladwin	Montcalm	
Gogebic	Montmorency	
Grand Traverse	Muskegon	
Gratiot	Newaygo	
Hillsdale	Oakland	
Houghton	Oceana	
Huron	Ogemaw	
Ingham	Ontonagon	

2. The many advantages of AARP[®] Essential Premier Health Insurance

Welcome to AARP Essential Premier Health Insurance, insured by Aetna. This Premier-level, major medical health insurance plan is similar to plans offered by many companies to their employees. It offers you many advantages, including:

Family coverage

The plan offers you and your family quality coverage at an excellent value. You can apply for coverage for yourself, your spouse or domestic partner, and children and grandchildren. Coverage can include prescription drugs, doctor visits, hospitalization and upfront preventive care.

You can enroll dependent children or grandchildren even if no other family member enrolls. All AARP Essential Premier Health Insurance plans in your state offer 'Child Only' coverage, which includes immunizations, well-child visits and emergency room visits.

Choice

Choose from a wide range of health insurance plans, with different price and coverage levels. You can select from three options: robust Premier PPO plans; High Deductible plans with tax-advantaged health savings accounts; or more affordable Preventive and Hospital Care plans.

Preventive care covered from the get-go

To help you stay healthy, AARP Essential Premier Health Insurance plans cover several preventive health services right up front, with no deductible applied. You're covered for:

- Flu shots (no copay; no physical exam needed).
- Routine office visits, GYN exams, and physical exams.
- Routine colonoscopies and routine mammograms.
- Certain preventive medications covered on High Deductible Health Plans (no copay). Visit www.aarphealthcare.com/aetna for a list of qualified medications.

Tax advantages

Our High Deductible plans are compatible with tax-advantaged Health Savings Accounts (HSAs). You can contribute money to your HSA tax free. That money earns interest tax free. And qualified withdrawals for medical expenses are tax free, too.

Coverage when you travel

Like to travel? You're covered by a nationwide network of doctors and hospitals that accept Aetna's negotiated fees. There is even reimbursable coverage for health care services when you travel internationally.

Help with health information

Need health information fast? We offer secure Internet access to reliable health tools and resources through Aetna's secure member website, an award-winning website for understanding and managing your health benefits. You can also call a registered nurse toll-free 24/7 through Aetna's Informed Health® Line.

3. A variety of plans to fit a variety of needs

In your state, there are three types of AARP® Essential Premier Health Insurance plans to choose from. One of these may be right for your situation:

A. Premier PPO Plans:

Robust coverage, competitive premiums

- An excellent combination of quality coverage and competitively priced premiums.
- The freedom to see doctors whenever you need to, with no referrals needed.
- Covers preventive care, prescription drugs, doctor visits and hospitalization.
- No claim forms to fill out when you use a network provider.
- Three (3) plan options, based on an annual deductible of \$1500, \$2500 or \$5000.

B. High Deductible (HSA Compatible) Plans:

Tax advantages, lower premiums

- Lower monthly premiums, with a higher annual deductible.
- Covers preventive care, prescription drugs, doctor visits and hospitalization.
- Should be paired with a Health Savings Account (HSA), which lets you pay for qualified medical expenses with tax-advantaged funds.
- See “HSA advantages” on page 11 for details.
- Two (2) plan options, based on an annual deductible of \$3000 or \$5000.

C. Preventive and Hospital Care Plans:

Basic coverage, lower premiums

- The most affordable premiums available.
- Covers preventive care, including annual GYN exam, well-child care and physical exam.
- Covers inpatient hospital stays, plus benefits for outpatient surgery, skilled nursing or home health care.
- Two (2) plan options, based on an annual deductible of \$1250 or \$3000.

Note: This plan provides limited benefits only and does not constitute a major medical health insurance plan. It may not cover all expenses associated with your health care needs.



Please see pages 5-6 for more plan information or for specific plan questions see an independent authorized agent in your area.	1 PREMIER \$1500 DEDUCTIBLE PLAN (You pay the amounts below)		2 PREMIER \$2500 DEDUCTIBLE PLAN (You pay the amounts below)		3 PREMIER \$5000 DEDUCTIBLE PLAN (You pay the amounts below)		4 HIGH DEDUCTIBLE \$3000 PLAN (HSA COMPATIBLE) (You pay the amounts below)		5 HIGH DEDUCTIBLE \$5000 PLAN (HSA COMPATIBLE) (You pay the amounts below)		6 PREV AND HOSP CARE \$1250 DEDUCTIBLE PLAN (You pay the amounts below)		7 PREV AND HOSP CARE \$3000 DEDUCTIBLE PLAN (HSA COMPATIBLE) (You pay the amounts below)	
	MEMBER BENEFITS	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network
Deductible Individual / Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000	\$1,250/\$2,500	\$2,500/\$5,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$0/\$0	\$6,500/\$13,000	\$0/\$0	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family	\$3,000/\$6,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,500/\$15,000	\$7,500/\$15,000	\$12,500/\$25,000	\$3,000/\$6,000	\$12,500/\$25,000	\$5,000/\$10,000	\$12,500/\$25,000	\$3,750/\$7,500	\$7,500/\$15,000	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum* per Insured	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay ded. waived	40% after deductible	\$30 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
Specialist Visit	\$35 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible	\$50 copay ded. waived	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
Hospital Admission	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% 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		\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible	\$100 copay** (waived if admitted) 20% after deductible		\$100 copay** (waived if admitted) 20% after deductible	
Annual Routine GYN Exam Annual Pap	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
Preventive Health Routine Physical Aetna will pay up to \$200.	\$25 copay ded. waived	40% after deductible	\$30 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible	\$20 copay ded. waived	40% after deductible	\$25 copay ded. waived	40% after deductible	\$25 copay ded. waived	40% after deductible	\$35 copay ded. waived	40% after deductible
Lab / X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after ded. preoperative w/covered surgery only	40% after ded. preoperative w/covered surgery only	20% after ded. preoperative w/covered surgery only	40% after ded. preoperative w/covered surgery only
Skilled Nursing In lieu of hospital 30 days per calendar year*	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physical / Occupational Therapy 24 visits per calendar year* – Aetna will pay a max. of \$25 per visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
Home Health Care In lieu of hospital 30 visits per calendar year*	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
PHARMACY														
Pharmacy Deductible Individual / Family	\$250/\$500 NA to generic	\$250/\$500 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic	Integrated Medical/Rx Deductible		Integrated Medical/Rx Deductible		Not applicable	Not applicable	Not covered***	Not covered***
Generic Oral Contraceptives Included	\$15 copay ded. waived	\$15 copay plus 40% ded. waived	\$15 copay ded. waived	\$15 copay plus 40% ded. waived	\$15 copay ded. waived	\$15 copay plus 40% ded. waived	\$0 copay after medical ded.	40% after med. ded.	0% after med. ded.	40% after med. ded.	\$15 copay ded. waived	\$15 copay plus 40% ded. waived	Not covered***	Not covered***
Preferred Brand Oral Contraceptives Included	\$25 copay after deductible	\$25 copay plus 40% after ded.	\$25 copay after deductible	\$25 copay plus 40% after ded.	\$25 copay after deductible	\$25 copay plus 40% after ded.	\$0 copay after medical ded.	40% after med. ded.	0% after med. ded.	40% after med. ded.	Not covered***	Not covered***	Not covered***	Not covered***
Non-Preferred Brand Oral Contraceptives Included	\$40 copay after deductible	\$40 copay plus 40% after ded.	\$40 copay after deductible	\$40 copay plus 40% after ded.	\$40 copay after deductible	\$40 copay plus 40% after ded.	\$0 copay after medical ded.	40% after med. ded.	0% after med. ded.	40% after med. ded.	Not covered***	Not covered***	Not covered***	Not covered***
Calendar Year Maximum per Individual*	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Not applicable	

* 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.

*** Aetna discount available.

+ Payment for out-of-network facility covered expenses is determined based on the Aetna Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.



Want to cover your children or grandchildren?

You can enroll dependent children or grandchildren even if no other family member enrolls. All AARP® Essential Premier Health Insurance plans in your state offer 'Child Only' coverage.

HSA Advantages

A Health Savings Account (HSA) has many tax advantages. They are:

- Tax free contributions to your HSA by you or an eligible family member.
- The dollars in your account earn interest tax free.
- When you take money out to pay for qualified health care expenses (including health insurance premiums for sole proprietors) before or after the deductible is met, that's tax free, too.
- Any money you haven't used at the end of the plan year rolls over to the next year. You can allow your HSA account to grow over time and use it to help pay for future health related expenses. You never lose it.
- You own your HSA. If you change jobs or health insurance plans, the money in your account is always yours and can be used in conjunction with another health plan.
- If you are age 55 or older (until enrolled in Medicare), you can also make additional catch-up contributions to your HSA.
- NOTE: If you choose one of the HSA plans for Child Only, an HSA account is not available for the child.

How to set up an HSA

1. Visit www.aarphealthcare.com/aetna to download materials or contact the independent agent authorized to offer this health insurance in your area to obtain materials.
2. Apply for an HSA-compatible High Deductible Health Plan.

4. Compare the plans side by side

Easy-to-compare benefits charts

On the next fold-out page you'll see all the major features and benefits of each plan in chart form, making it easy to choose the plan that's right for you.

Which doctors and hospitals are in the network?

Visit

www.aarphealthcare.com/aetna

Or call an independent agent authorized to offer this plan in your area.

New for 2010!

We understand you're looking for more coverage. Aetna has answered. Check out the following benefits now available in all AARP® Essential Premier plans:

- One eye exam every 12 months with no copay and no deductible when you see an in-network provider*
- Discounts on eyewear (lenses and frames) offered through AARP® Vision Discounts provided by EyeMed Vision Care*
- Enhanced hospice coverage with an unlimited lifetime maximum

The Aetna Compassionate CareSM program provides additional support to members and their families who are confronting life-threatening illness and to help them access optimal care. A dedicated website provides online tools and information about advance directives and livings wills, as well as tips on how to begin discussions about personal wishes at the end of life. More information can be found by visiting www.AetnaCompassionateCareProgram.com/EOL/

- * To determine which doctors are in the network and/or obtain more information about the vision discount program, visit www.aarphealthcare.com/Products/Vision or visit Aetna DocFind by clicking on "Find a Doctor" on www.aarphealthcare.com/aetna. Look for a provider that participates in the EyeMed Select Network.

Note: Not all network providers honor both \$0 copay vision exam and AARP Vision Discount Program provided by EyeMed Vision Care.

Special Aetna programs to help you manage your health

AARP® Essential Premier Health Insurance plans come with Aetna programs* offering special savings and services.

Aetna Rx Home Delivery®

With this optional program, you can order prescription drugs through Aetna's convenient and easy mail order pharmacy. To learn more, visit www.AetnaRxHomeDelivery.com.

Aetna Weight ManagementSM discount program⁺

You and eligible family members can save on weight-loss programs and products from Jenny Craig®. Start with a FREE 30-day trial membership. Then choose the 6-month or 12-month program that's right for you. You also receive one-on-one weight loss consultations, personalized menu planning, tailored activity planning, and much more.

Aetna's Secure Member Website

It's easy and convenient to look up health information and manage your health benefits. Any time day or night, log on to the secure member website. Check the status of claims, estimate the costs of health care services, and much more.

- * Discount and other similar health programs offered above are not insurance, and program features are not guaranteed under the plan contract and may be discontinued at any time. Program providers are solely responsible for the products and services provided. Availability varies by plan.

Informed Health® Line

Get answers to your health questions, 24 hours a day, 7 days a week, by calling a toll-free hotline staffed by Aetna's team of registered nurses.

Aetna Natural Products and ServicesSM discount program

You and eligible family members can get reduced rates on acupuncture, chiropractic care, massage therapy and diet counseling. This program also offers discounts on over-the-counter vitamins, herbal and nutritional supplements and other health-related products.

Have questions or want a quote?

Ask an independent insurance agent authorized to offer this plan in your area.

Neither AARP nor Aetna endorses any vendor, product or service associated with these programs. It is not necessary to be a member of an AARP plan to access the program participating providers.

- + Offers good at participating centers and through Jenny Direct at home only. Additional cost for all food purchases. Additional weekly food discounts will grow throughout the year, based on active participation.

Things to know before you apply

To qualify for an AARP® Essential Premier Health Insurance plan, you must be:

- Between the ages of 50 and 64-3/4 (if you are applying as a couple, both you and your spouse or domestic partner must be under 64-3/4), and
- Under age 19 for eligible dependent* children; between ages 19 and 25 for unmarried eligible dependent children with proof of full-time student status, and
- A legal resident in a state with products offered by these plans, and
- A legal U.S. resident for at least 6 continuous months, and
- An AARP member. However, you do not need to be a member to get a quote.

Your premium payments

Your premium payments are guaranteed not to increase for 6 months from your effective date. After that, your premiums may change. Final rates are subject to a review of your health history (also known as “medical underwriting”).

Your coverage

Your coverage will remain in effect as long as you pay the required premiums on time, and as long as you maintain AARP membership eligibility. Your coverage will end, for example, if you:

- Do not pay premiums on time, or
- Do not meet residency requirements, or any other eligibility requirements noted above, or
- Have or obtain similar coverage (duplicate coverage) from another insurance company, or
- Become ineligible for other reasons permitted by law. For more information, ask your insurance agent for the Disclosure Document.

Medical underwriting

- AARP Essential Premier Health Insurance plans are medically underwritten by Aetna, and you may be declined coverage depending on your health condition.
- AARP Essential Premier Health Insurance plans are not guaranteed issue plans and require a review of your health history (called “medical underwriting”).
- Some people may be federally eligible under the Health Insurance Portability and Accountability Act (HIPAA) for a special guaranteed issue plan under Michigan laws and regulations.
- All applicants, enrolling spouses or domestic partners and dependents are subject to medical underwriting to determine eligibility and appropriate risk levels.
- Aetna offers various risk levels based on the known health and medical risk factors of each applicant.

Levels of coverage and enrollment

After processing of your application, you may be:

- Enrolled in your selected plan at the standard premium charge (lowest rate available), or
- Enrolled in your selected plan at a higher rate, based on medical findings, or
- Declined coverage, based on significant medical risk factors.

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* An eligible dependent is defined as an unmarried person age 0 through age 18, and through age 24 (subject to state mandates) if a full time student and is primarily dependent upon an AARP member for support and maintenance and is one of the following: natural child, stepchild, legally adopted child, child placed for adoption, child for whom legal guardianship has been awarded to the AARP member, or relative of the AARP member by blood or marriage.

Duplicate coverage

If you currently have major medical coverage through another insurer, you must agree to discontinue that coverage before or on the effective date of your AARP® Essential Premier Health Insurance Plan. Do not cancel your current insurance until you are notified you have been accepted for coverage.

Pre-existing conditions

- During the first 12 months after your effective date of coverage, no coverage will be provided for treatment of a pre-existing condition unless you have prior creditable coverage. A “pre-existing condition” is any physical or mental condition you’ve been diagnosed or treated for before the date your coverage begins. “Prior creditable coverage” is a person's prior medical coverage as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- You are considered to have prior creditable coverage if the difference between the prior coverage termination date and signature date on your application is NOT greater than 63 days.
- Prior creditable coverage does not guarantee acceptance into the AARP Essential Premier Health Insurance Plan, insured by Aetna.
- Your coverage will be medically underwritten, and you must submit a completed application including health history.
- If you have prior creditable coverage within 63 days immediately before the signature date on your application, then the pre-existing conditions exclusion of the plan will be waived.

Limitations and exclusions

The health insurance plans in this booklet do not cover all health care expenses, and they include exclusions and limitations. Refer to plan documents to determine which health care services are covered and to what extent.

Services and supplies that are generally NOT covered include, but are not limited to:

- Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies.
- Private duty nursing.
- Personal care services and home care services not stated in the plan description.
- Non-replacement fees for blood and blood products.
- Dental work or treatment, unless otherwise specified in covered services, including hospital or professional care in connection with:
 - The operation or treatment for fitting or wearing of dentures
 - Orthodontic care
 - Dental implants
 - Experimental services
- Immunizations related to foreign travel.
- The purchase, examination or fitting of hearing aids and supplies, and tinnitus maskers, unless included as a covered benefit.
- Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports, or exams for their prescription or fitting, unless these services are determined to be medically necessary.

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- Inpatient admissions primarily for physical therapy unless authorized by the plan.
- Charges in connection with pregnancy care, other than for pregnancy complications.
- Treatment of sexual dysfunction not related to organic disease.
- Services to reverse a voluntary sterilization.
- In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, or cryogenic or other preservation techniques used in these or similar procedures.
- Practitioner, hospital or clinical services related to the procedure commonly referred to as “Lasik Eye Surgery,” including radial keratotomy, myopi keratomileusis, and surgery that involved corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error.
- Nonmedical ancillary services such as vocational rehabilitation, employment counseling, or educational therapy.
- Services that are not medically necessary.
- Medical expenses for a pre-existing condition, for the first 12 months after the member’s effective date. Look-back 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 of the application, then the pre-existing conditions exclusion of the plan will be waived.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regiments and supplements, appetite suppressants and other medication: food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

10-day right to review

- Do not cancel your current insurance until you're notified you've been accepted for coverage.
- Aetna will review your application to determine if you meet underwriting requirements. If you're denied, you will be notified by mail. If approved, you'll be sent an AARP Essential Premier Health Insurance contract and ID card.
- If, after reviewing the contract, you are not satisfied for any reason, simply return the contract to us within 10 days of your receipt. We will refund any premium you have paid, less the cost of any services paid on behalf of you or any covered dependent.

**Have questions or
want a quote?**

**Ask an independent insurance
agent authorized to offer this
plan in your area.**

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

AARP endorses these plans. Aetna Life Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

If you need this material translated into another language, please call 1-866-660-4081 (TTY: 1-800-232-7773).

Si usted necesita este documento en otro idioma, por favor llame al 1-866-660-4081.

This material is for information only. Health 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 and are subject to change.

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. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Information is believed to be accurate as of the production date; however, it is subject to change.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc. that operates through mail order.



Essential Premier Health Insurance

insured by

