Aetna Health of California, Inc.

California Small Group HMO
Plan Effective Date: 05/01/2010

Vitalidad Plus California con Aetna HMO $10/$5

PLAN FEATURES	California PCP Selected*	Mexico PCP Selected**
Deductible (per calendar year)	None	None
Member Coinsurance	Not Applicable	Not Applicable
Copay Maximum (per calendar year)	$2,000 per Individual $4,000 per Family	
All member copays accumulate toward the Copay Maximum, excluding member cost for Prescription Drugs. No individual can contribute more than the Individual Copay Maximum toward satisfaction of the Family Copay Maximum. Once the Family Copay Maximum is met, all family members will be considered as having met their Copay Maximum for the remainder of the calendar year.		
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Required	
Upon enrollment to a Vitalidad Plus plan, each Member must select a Primary Care Physician (PCP) either in California or Mexico. The selected PCP is responsible for coordinating the Member's care. Members who select a California PCP may change to another California PCP at any time. Members who select a Mexico PCP may change to another Mexico PCP at any time. However, it is important to note that members are only allowed to change PCPs one time every twelve months when the new PCP is not located in the country as the prior one. Refer to the evidence of Coverage for additional information regarding PCP selection and changes.		
Referral Requirement	Required for all non-emergency, non-urgent and non-Primary Care Physician services, except Direct Access Services.	
PHYSICIAN SERVICES	**California PCP Selected**	**Mexico PCP Selected**
Primary Care Physician Visits	$10 copay	$5 copay
Specialist Office Visits	$10 copay	$5 copay
Maternity OB Visits	$10 copay	$5 copay
Allergy Testing	$10 copay	No charge
Allergy Treatment	$10 copay	$5 copay
PREVENTIVE CARE	**California PCP Selected**	**Mexico PCP Selected**
Routine Adult Physical Exams / Immunizations Age and frequency schedules may apply	$10 copay	No charge
Well Child Exams / Immunizations Age and frequency schedules may apply	$10 copay	No charge
Routine Gynecological Exams** Includes Pap smear and related lab fees One routine exam(s) per 365 days.	$10 copay	No charge
Routine Mammograms One baseline mammogram for females age 35-39; and one annual mammogram for females age 40 and over.	$10 copay	No charge

Aetna Health of California, Inc.

Vitalidad Plus California con Aetna HMO $10/$5

Routine Digital Rectal Exams / Prostate Specific Antigen Test For covered males age 40 and over.	Member cost sharing is based on the type of service performed and the place rendered	Member cost sharing is based on the type of service performed and the place rendered
Colorectal Cancer Screening For all members age 50 and over. Frequency schedule applies.	Member cost sharing is based on the type of service performed and the place rendered	Member cost sharing is based on the type of service performed and the place rendered
Colonoscopy	See Outpatient Surgery Benefit	See Outpatient Surgery Benefit
Routine Vision and Hearing Screening	Covered as part of a routine physical exam	$5 copay
DIAGNOSTIC PROCEDURES	**California PCP Selected**	**Mexico PCP Selected**
Diagnostic Laboratory	$10 copay	No charge
Diagnostic X-ray (except for Complex Imaging Services)	$10 copay	No charge
Complex Imaging Services Including, but not limited to, MRI, MRA, PET and CT Scans and any other outpatient diagnostic imaging service costing over $500.	$10 copay	No charge
EMERGENCY MEDICAL CARE	**California PCP Selected**	**Mexico PCP Selected**
Urgent Care Provider	$50 copay	$10 copay
Non-Urgent use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	$100 copay	$10 copay
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Emergency Ambulance	$100 copay	No charge
HOSPITAL CARE	**California PCP Selected**	**Mexico PCP Selected**
Inpatient Coverage Including maternity & transplants	$100 per day up to 3-days per admit	No charge
Outpatient Surgery - OP Hospital Provided in an outpatient hospital department	$100 copay	No charge
Outpatient Surgery - Freestanding Facility Provided in a freestanding surgical facility	$50 copay	No charge
MENTAL HEALTH SERVICES	**California PCP Selected**	**Mexico PCP Selected**
Inpatient Serious Mental Illness & Serious Emotional Disturbances of a Child	$100 per day up to 3-days per admit	No charge
Outpatient Serious Mental Illness & Serious Emotional Disturbances of a Child	$10 copay	$5 copay
Inpatient Other than Serious Mental Illness & Serious Emotional Disturbances of a Child	Not covered	No charge
Limits	NA	None

Vitalidad Plus California con Aetna HMO $10/$5

Outpatient Other than Serious Mental Illness & Serious Emotional Disturbances of a Child	$10 copay	$5 copay
Limits	20 visits per member per calendar year	20 visits per member per calendar year
ALCOHOL/DRUG ABUSE SERVICES	**California PCP Selected**	**Mexico PCP Selected**
Inpatient Detoxification	$100 per day up to 3-days per admit	No charge
Outpatient Detoxification	$10 copay	$5 copay
Inpatient Rehabilitation	Not covered	No charge
Limits	NA	30 days per member per calendar year
Outpatient Rehabilitation	Not covered	$5 copay
Limits	NA	20 visits per member per calendar year
OTHER SERVICES	**California PCP Selected**	**Mexico PCP Selected**
Skilled Nursing Facility	$100 per day up to 3-days per admit	No charge
Limits	100 days per member per calendar year	100 days per member per calendar year
Home Health Care	$0 copay	$0 copay
Inpatient Hospice Care	$100 per day up to 3-days per admit	No charge
Outpatient Hospice Care	No charge	$5 copay (home-based only)
Outpatient Speech Therapy	$10 copay	$5 copay
Limits	20 visits per member per calendar year	None
Outpatient Physical and Occupational Therapy	$10 copay	$5 copay
Limits	20 visits per member per calendar year	None
Chiropractic* **	$15 copay	Not covered
Limits	20 visits per member per calendar year	NA
Durable Medical Equipment	50%	No charge
Limits	Maximum benefit of $2,000 per member per calendar year	None
FAMILY PLANNING	**California PCP Selected**	**Mexico PCP Selected**
Infertility Treatment Coverage for only the diagnosis and surgical treatment of the underlying medical cause	Member cost sharing is based on the type of service performed and the place rendered	Member cost sharing is based on the type of service performed and the place rendered
Voluntary Termination of Pregnancy	Member cost sharing is based on the type of service performed and the place rendered	Coverage is prohibited by law in Mexico except in cases to preserve the life of the mother.

Vitalidad Plus California con Aetna HMO $10/$5

Voluntary Sterilization Including tubal ligation and vasectomy	Member cost sharing is based on the type of service performed and the place rendered	$50 copay
PHARMACY - PRESCRIPTION DRUG BENEFITS	**CALIFORNIA PARTICIPATING PHARMACIES**	**MEXICO PARTICIPATING PHARMACIES**
Retail Up to a 30-day supply at participating pharmacies, includes insulin.	$15 copay for generic formulary drugs, $35 copay for brand name formulary drugs, and $50 copay for generic and brand name non-formulary drugs	$5 Generic & Brand
Mail Order 31-90 day supply at participating pharmacies, includes insulin.	$30 copay for generic formulary drugs, $70 copay for brand name formulary drugs, and $100 copay for generic and brand name non-formulary drugs	Not Covered
Mandatory Generic with DAW override - The member pays the applicable copay/coinsurance] only, if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay/coinsurance plus the difference between the generic price and the brand price.		
Plan includes: Contraceptive drugs and devices obtainable from a pharmacy and diabetic supplies obtainable from a pharmacy. Lifestyle/performance drugs limited to 6 pills per month. Precertification included and 90-day Transition of Care (TOC) for Precertification included.		
*For this plan, "California PCP Selected" refers to the Aetna California Vitalidad Plus Network providers. For any concerns about accessing and obtaining services from the California Vitalidad Plus network please call Member Services at 1-888-98-AETNA (1-888-982-3862).		
**For this plan, "Mexico PCP Selected" refers to the SIMNSA Network participating providers. For any questions or concerns about accessing and obtaining services from the SIMNSA network please call Member Services at 1-888-98-AETNA (1-888-982-3862).		

***Members may directly access participating providers for certain services as outlined in the plan documents.

What's Not Covered

This plan does not cover all health care expenses and includes 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**.

- All medical or 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
- Blood and blood byproducts, except as administered on an inpatient or emergency care basis
- Cosmetic surgery
- Custodial care
- Dental care and x-rays

- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectible drugs including injectible 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
- Long Term Rehabilitation
- Nonmedically necessary services or supplies
- Orthotics, except diabetic orthotics
- Over-the-counter medications and supplies other than for certain covered diabetic drugs and supplies and/or certain contraceptives
- Radial Keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Treatment of behavioral disorders
- Weight reduction programs, or dietary supplements, except as pre-authorized by HMO for the Medically Necessary treatment of morbid obesity

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under plans with an open formulary, or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. This may also be subject to precertification or step-therapy. Non-prescription drugs, and drugs in the Limitations and Exclusions section of the plan documents (received upon enrollment) are not covered, and medical exceptions are not available for them.

If your plan covers outpatient prescription drugs, your plan may include a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step-therapy, please refer to Aetna's website at Aetna.com, or the Aetna Medication Formulary Guide. Many drugs, including many of those listed on the formulary, are subject to rebate

arrangements between Aetna and the manufacturer of the drugs. Rebates received by Aetna from drug manufacturers are not reflected in the cost paid by a member for a prescription drug. In addition, in circumstances where your prescription plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna, Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Plans are offered by Aetna health of California Inc.

While this information is believed to be accurate as of the print date, it is subject to change.