Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Aetna Savings Plus
Plan guide

New health plans designed with New Jersey businesses in mind

For businesses with 51 – 100 eligible employees
Plans effective January 1, 2014

www.aetna.com

47.02.305.1-NJ A (10/13)

Let Aetna be your guide

The Aetna Savings Plus health benefits plans are helping New Jersey businesses access health services that fit their needs and their budgets. They give members access to an affordable network of health providers right in their own community.

These lower-priced plans generate savings through a network of quality providers. They are ideal for businesses that think affordable health coverage for their employees is out of reach.

Building on a history of innovation

These plans are built around fair value, freedom and flexibility, so that businesses get what matters most to them: solutions that offer personal service at a fair price, in a way that allows them to focus their time and efforts on running their business.

Aetna Savings Plus includes these benefits:

- Benefits for doctor visits, hospital stays, preventive care and prescription drugs
- Secure member portal, Aetna Navigator®
- Payment Estimator, to help members understand costs before receiving services
- Online health assessment and programs to help members manage their health
- Programs that treat individuals, not conditions, to help members achieve better health

Health benefits plans are offered and/or underwritten by Aetna Health, Inc and Aetna Health Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

The health of business, well planned

Same quality local care at a lower cost

The Aetna Savings Plus health benefits and insurance plans provide members with the same type of coverage as other Aetna medical plans, but at a lower premium cost. Savings are generated through the use of the Savings Plus network, a quality network of local health care providers.

How do the Savings Plus plans work?

The Aetna Savings Plus plans in New Jersey give businesses the flexibility and choice to best meet their needs. These plans use the Aetna New Jersey Savings Plus network.

Each Savings Plus plan has two levels of network benefits:

- Level 1: When members use the Savings Plus network, they realize maximum savings.
- Level 2: When members use non-designated network providers, they will see standard savings and higher member costs.

The Savings Plus plans have a third level of benefits:

- Level 3: When members use non-network providers, they will see the highest member cost.

While members have the freedom to receive care from any hospital or specialist, they realize the highest benefit level and lowest out-of-pocket costs when they access care through the Savings Plus network.

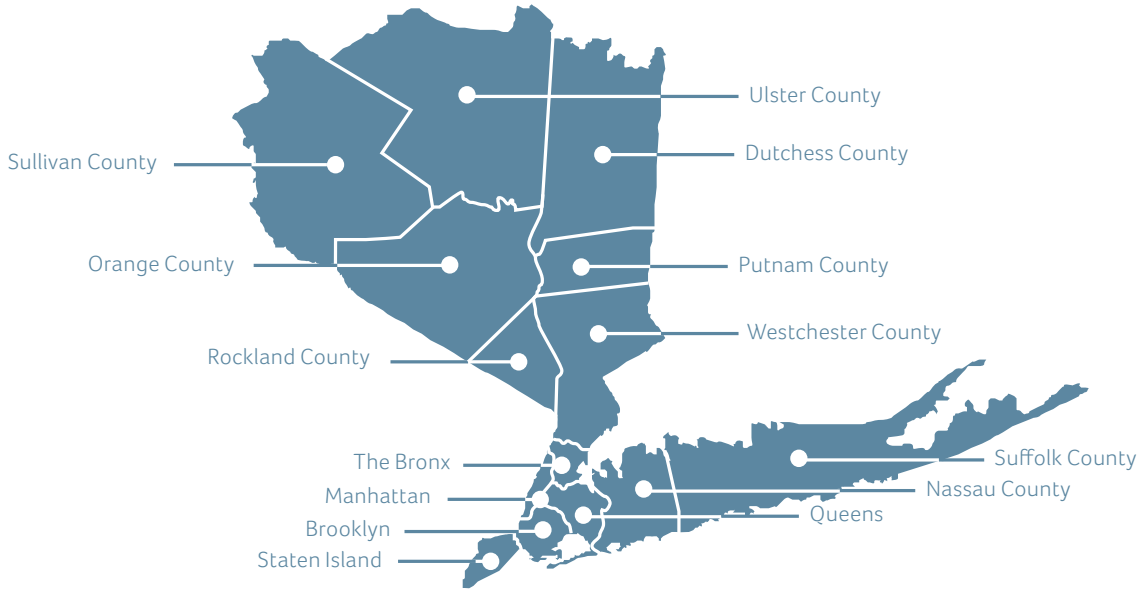
All Savings Plus plans include coverage for doctors' visits, hospital stays, preventive care and more. Refer to pages 5–7 for more details.

A smarter network strategy designed to...

Reduce health care costs for employers and create savings opportunities for employees through a designated network of quality, cost-effective doctors and hospitals, plus provide employee access to online tools and services through a secure member website

Fair value	Everyone wants a good deal. Whether you're looking to cut costs as much as possible, or seeking long-term value and greater employee productivity.	• Network design = savings • Performance network • 100% preventive care • Unlimited lifetime maximums
Flexibility	Choice matters. Every business is different. And the people who make up those businesses have different health needs.	• Range of options • Multiple benefit levels • Use of any physician or hospital
Freedom	Time spent investing with a health plan should be time well spent. With Savings Plus plans, we try to make it easier for employers to be free to spend their time running their business.	• Online enrollment and billing • Easy to navigate • Personal health record • Member Payment Estimator

Savings Plus service area



Aetna 51–100 Savings Plus Plan Options

Plan Name	NJ Savings Plus HNOption 100/80/50		
Member Benefits	Level 1 Savings Plus Designated Providers–Maximum Savings	Level 2 Non-Designated Participating Providers–Standard Savings	Level 3 Non-Participating Providers[1]
Calendar Year Deductible	$0 Individual/$0 Family	$1,500 Individual/$3,000 Family	$5,000 Individual/$15,000 Family
Calendar Year Out-of-Pocket Limit	$3,000 Individual/$6,000 Family	$6,000 Individual/$12,000 Family	$30,000 Individual/$90,000 Family
Deductible and Out-of-Pocket Limit Accumulation[2]	Embedded		
Not Included In Out-of-Pocket Limit	Noncovered expenses, balance-billed charges and failure to precertify penalties.		
Primary Care Physician Office Visit	$20 copay	20% after deductible	50% after deductible
Specialist Office Visit	$20 copay	20% after deductible	50% after deductible
Walk-In Clinic Visit	$20 copay	20% after deductible	50% after deductible
Chiropractic Services (20 visits per calendar year)	25%	25%, deductible waived	25% after deductible
Preventive Care/Screenings/Immunizations (Age and frequency schedules may apply.)	$0 copay	0%, deductible waived	50% after deductible (Deductible waived for well-baby and child exams/immunizations and routine gyn exam.)
Diagnostic Testing: Lab	$0 copay	$0 copay, deductible waived	50% after deductible
Diagnostic Testing: X-ray	$20 copay	$20 copay, deductible waived	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	$100 copay	20% after deductible	50% after deductible
Prescription Drug Deductible	Not applicable		Not applicable
Prescription Drugs (up to 30-day supply)[3]: Preferred generic drugs/Preferred brand drugs/ Non-preferred generic and brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	$15/$35/$60		Not covered
Aetna Specialty CareRx℠ Drugs[3] (Self-injectable, infused and oral specialty drugs)	Applicable cost as noted above for generic or brand drugs		Not covered
Outpatient Surgery: **Hospital Outpatient Facility**	$0 copay	20% after deductible	50% after deductible
Outpatient Surgery: **Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility**	$0 copay	20% after deductible	50% after deductible Maximum benefit of $2,000 per member per calendar year.
Emergency Room (Copay is waived if admitted.)	$100 copay		
Inpatient Hospital	$0 copay per admission	20% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST) (60 combined visits per calendar year for physical, occupational and speech therapy)	$20 copay	$20 copay, deductible waived	50% after deductible

*Service areas: Plans are offered in northern New Jersey (S1 service area) and southern New Jersey (S2 service area).
Refer to page 8 for important plan provisions.

Aetna 51–100 Savings Plus Plan Options

Plan Name	NJ Savings Plus HNOption 100/70/50		
Member Benefits	Level 1 Savings Plus Designated Providers–Maximum Savings	Level 2 Non-Designated Participating Providers–Standard Savings	Level 3 Non-Participating Providers[1]
Calendar Year Deductible	$0 Individual/$0 Family	$2,000 Individual/$4,000 Family	$5,000 Individual/$15,000 Family
Calendar Year Out-of-Pocket Limit	$4,000 Individual/$8,000 Family	$8,000 Individual/$16,000 Family	$30,000 Individual/$90,000 Family
Deductible and Out-of-Pocket Limit Accumulation[2]	Embedded		
Not Included In Out-of-Pocket Limit	Noncovered expenses, balance-billed charges and failure to precertify penalties.		
Primary Care Physician Office Visit	$20 copay	30% after deductible	50% after deductible
Specialist Office Visit	$40 copay	30% after deductible	50% after deductible
Walk-In Clinic Visit	$20 copay	30% after deductible	50% after deductible
Chiropractic Services (20 visits per calendar year)	25%	25%, deductible waived	25% after deductible
Preventive Care/Screenings/Immunizations (Age and frequency schedules may apply.)	$0 copay	0%, deductible waived	50% after deductible (Deductible waived for well-baby and child exams/immunizations and routine gyn exam.)
Diagnostic Testing: Lab	$0 copay	$0 copay, deductible waived	50% after deductible
Diagnostic Testing: X-ray	$40 copay	$40 copay, deductible waived	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	$100 copay	30% after deductible	50% after deductible
Prescription Drug Deductible	Not applicable		Not applicable
Prescription Drugs (up to 30-day supply)[3]: Preferred generic drugs/Preferred brand drugs/ Non-preferred generic and brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	$15/$35/$60		Not covered
Aetna Specialty CareRx℠ Drugs[3] (Self-injectable, infused and oral specialty drugs)	Applicable cost as noted above for generic or brand drugs		Not covered
Outpatient Surgery: **Hospital Outpatient Facility**	$150 copay	30% after deductible	50% after deductible
Outpatient Surgery: **Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility**	$150 copay	30% after deductible	50% after deductible Maximum benefit of $2,000 per member per calendar year.
Emergency Room (Copay is waived if admitted.)	$100 copay		
Inpatient Hospital	$150 copay per day, 5 day copay max per admission	30% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST) (60 combined visits per calendar year for physical, occupational and speech therapy)	$20 copay	$20 copay, deductible waived	50% after deductible

*Service areas: Plans are offered in northern New Jersey (S1 service area) and southern New Jersey (S2 service area).
Refer to page 8 for important plan provisions.

Aetna 51–100 Savings Plus Plan Options

Plan Name	NJ Savings Plus HNOption 1000 80/60/50		
Member Benefits	Level 1 Savings Plus Designated Providers–Maximum Savings	Level 2 Non-Designated Participating Providers–Standard Savings	Level 3 Non-Participating Providers[1]
Calendar Year Deductible	$1,000 Individual/$2,000 Family	$2,500 Individual/$5,000 Family	$5,000 Individual/$15,000 Family
Calendar Year Out-of-Pocket Limit	$5,000 Individual/$10,000 Family	$10,000 Individual/$20,000 Family	$30,000 Individual/$90,000 Family
Deductible and Out-of-Pocket Limit Accumulation[2]	Embedded		
Not Included In Out-of-Pocket Limit	Noncovered expenses, balance-billed charges and failure to precertify penalties.		
Primary Care Physician Office Visit	$30 copay, deductible waived	40% after deductible	50% after deductible
Specialist Office Visit	$50 copay, deductible waived	40% after deductible	50% after deductible
Walk-In Clinic Visit	$30 copay, deductible waived	40% after deductible	50% after deductible
Chiropractic Services (20 visits per calendar year)	20% after deductible	20% after deductible	25% after deductible
Preventive Care/Screenings/Immunizations (Age and frequency schedules may apply.)	$0 copay, deductible waived	0%, deductible waived	50% after deductible (Deductible waived for well-baby and child exams/immunizations and routine gyn exam.)
Diagnostic Testing: Lab	$0 copay, deductible waived	$0 copay, deductible waived	50% after deductible
Diagnostic Testing: X-ray	$50 copay, deductible waived	$50 copay, deductible waived	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	20%, deductible waived	40% after deductible	50% after deductible
Prescription Drug Deductible	Not applicable		Not applicable
Prescription Drugs (up to 30-day supply)[3]: Preferred generic drugs/Preferred brand drugs/ Non-preferred generic and brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	$20/$40/$70		Not covered
Aetna Specialty CareRx℠ Drugs[3] (Self-injectable, infused and oral specialty drugs)	Applicable cost as noted above for generic or brand drugs		Not covered
Outpatient Surgery: **Hospital Outpatient Facility**	20% after deductible	40% after deductible	50% after deductible
Outpatient Surgery: **Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility**	20% after deductible	40% after deductible	50% after deductible Maximum benefit of $2,000 per member per calendar year.
Emergency Room (Copay is waived if admitted.)	20%, deductible waived		
Inpatient Hospital	20% after deductible	40% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST) (60 combined visits per calendar year for physical, occupational and speech therapy)	$20 copay, deductible waived	$20 copay, deductible waived	50% after deductible

*Service areas: Plans are offered in northern New Jersey (S1 service area) and southern New Jersey (S2 service area).
Refer to page 8 for important plan provisions.

Important plan provisions

[1]We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate.

Your doctor sets his or her own rate to charge you. It may be higher—sometimes much higher—than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that Aetna doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box."

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.Note: For a summary list of Limitations and Exclusions, refer to page page 9. Please refer to Aetna's Producer World® website at **www.aetna.com** for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna sales representative.

[2]**Embedded deductible**: Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. All covered in-network expenses accumulate toward both the Savings Plus designated and non-designated participating deductibles. In-network (Levels 1 and 2) and out-of-network (Level 3) deductibles accumulate separately. Deductible credit applies. Deductible carryover does not apply.

[2]**Embedded out-of-pocket limit**: Once the family out-of-pocket limit is met, all family members will be considered as having met their out-of-pocket limit for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket limit to the family out-of-pocket limit. All amounts paid as deductible, copayment and coinsurance for covered medical services and supplies and prescription drugs apply toward the out-of-pocket limit. All covered in-network expenses accumulate toward both the Savings Plus designated and non-designated participating out-of-pocket limits. In-network (Levels 1 and 2) and out-of-network (Level 3) out-of-pocket limits accumulate separately.

[3]**Rx plan provisions:**

Preferred generic contraceptives and certain preferred brand contraceptives are covered without member copayment. Certain religious organizations or religious employers may be exempt from offering contraceptive services.

If a physician prescribes a covered brand-name prescription drug where a generic prescription drug equivalent is available and specifies "dispense as written" (DAW), the member will pay the cost sharing for the brand-name prescription drug. If a physician does not specify "DAW" and the member requests a covered brand-name prescription drug where a generic prescription drug equivalent is available, the member will be responsible for the cost difference between the brand-name prescription drug and the generic prescription drug equivalent plus the applicable cost sharing.

Transition of coverage for prior authorizations helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time prior authorization requirements will not apply to certain drugs. Once the 90 calendar days have expired, prior authorization edits will apply to all drugs requiring prior authorization as listed in the Preferred Drug List. Members, who have claims paid for a drug requiring prior authorization during the transition-of-coverage period may continue to receive this drug after the 90 calendar days and will not be required to obtain a prior authorization for this drug.

Limitations and exclusions

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to 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, plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or that are limited or excluded by, plan documents
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and dental 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
- Home births
- Immunizations for travel or work, except where medically necessary or indicated
- 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 plan documents
- Non-medically necessary services or supplies
- Orthotics except diabetic orthotics
- Over-the-counter medications (except as provided in a hospital) and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling, or prescription drugs
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents

Contact us

For more information regarding the Aetna Savings Plus plans for New Jersey, please contact your Aetna representative.

www.aetna.com

47.02.305.1-NJ A (10/13)

aetna®