



Dear Valued Member,

Thank you for choosing an Aetna High Deductible Health Plan (HDHP). We're excited that you have chosen a new approach to managing your health with one of our HDHP plans; in order to help you gain a better understanding of your plan, we've included some general points about HDHPs.

How a HDHP works

- You may visit any licensed health care professional or facility for covered services. To find a healthcare provider that participates with Aetna, please visit DocFind® (www.DocFind.com).
- The plan may require an in-network cost share, not subject to the deductible, for eligible preventive care services such as routine screenings, physical exams and immunizations.
- All other covered healthcare expenses, including prescriptions, are subject to the plan deductible before plan provisions--such as a copay or coinsurance--become applicable.
- The plan includes a maximum out-of-pocket, a cap that limits the amount you pay for covered medical services and supplies and prescription benefits in a given year. When your costs reach this maximum out-of-pocket, remaining covered expenses, including prescription drugs, are covered by the plan at 100 percent, for the remainder of the year, up to the annual or lifetime benefit maximum.

At the point of service

1. **Your healthcare provider should not collect a copay or coinsurance at the time of service** because your financial responsibility may vary depending on several factors including a health care provider's contracted rate, the amount of the deductible you have satisfied as well as the type of service.
2. Your health care provider will submit the claim to Aetna.
3. Once the claim is processed, Aetna will send you and your health care provider an Explanation of Benefits (EOB). This will outline the billed and approved charges along with your financial responsibility to the provider.
4. When you receive the EOB, you can either pay your healthcare provider the amount remaining or wait for your health care provider to send you the bill.

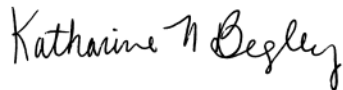
Online resources to help you manage health care

Aetna has a wealth of information available to help you take a more active role in your health care and spend your health care dollars more effectively. Some of our tools include:

- **Aetna Navigator** for personalized health and benefits information, check claim status and view account summaries
- Compare costs on medical procedures, office visits, medical tests and diseases and conditions with **Estimate the Cost of Care** on Aetna Navigator
- Compare hospitals on **Hospital Comparison Tool**
- **Aetna IntelliHealth**[®] (www.intelihealth.com) for credible health and wellness information

If you have any questions about your health plan, please contact Aetna Member Services at 1-800-70-AETNA (23862) for Health Maintenance Organization (HMO) and Point of Service (POS) products or 1-800-80-AETNA for Preferred Provider Organization (PPO) products. We appreciate your business and look forward to servicing you.

Yours in good health,



Katharine N. Begley
President
Aetna Northeast Small Business Division

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Dental Inc., Aetna Life Insurance Company, and Aetna Health Insurance Company of New York.