

Underwriting Guidelines

New Jersey

FOR BUSINESSES WITH 2 – 50
ELIGIBLE EMPLOYEES



We want you to knowSM





New Jersey Underwriting Guidelines

This material is intended for brokers and agents and is for informational purposes only. It is not intended to be all inclusive. Other policies and guidelines may apply.

ALL PRODUCTS (Except the Aetna Golden Medicare Plan and Aetna Golden Choice Plan)	
Census Data	<ul style="list-style-type: none"> ■ Census data must be provided on all eligible (and COBRA/State Continuation eligible) employees and includes name, age/date of birth, date of hire, gender, dependent status, and residence zip code. ■ Retirees are not eligible. ■ New Business rating will be based on final enrollment.
Cut-Off Dates	<ul style="list-style-type: none"> ■ Groups with 2 to 50 eligible employees must have all <u>completed</u> paperwork into Aetna Underwriting 5 business days prior to the requested effective date for all groups. If not received by this date, the effective date will be moved to the next available effective date.
Dependent Eligibility	<ul style="list-style-type: none"> ■ Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 19 or 23 if fulltime student). ■ Effective 7/10/04, at the option of the employer, Domestic Partners are considered eligible dependents with State filed verification of Domestic Partner status (i.e. copy of filed Certificate of Domestic Partnership) or Aetna's Declaration of Domestic Partnership. ■ If an employee and dependent work for the same company, please refer to employee eligibility. ■ Individuals cannot be covered as an employee and dependent under the same plan. Children eligible for coverage through both parents cannot be covered by both parents under the same plan. ■ Dependents must enroll in same benefit options as the employee. For Dental employees may select coverage for eligible dependents under the Dental plan even if they select single coverage under the Medical plan. ■ Dependents are not eligible for AD&D Ultra® or Disability.
Effective Date	<ul style="list-style-type: none"> ■ The group effective date will be the 1st or the 15th of the month. ■ The effective date requested by the employer may be up to 60 days in advance.
Employee Eligibility	<ul style="list-style-type: none"> ■ Eligible employees are those employees who are permanent and work on a full-time basis with a normal workweek of at least 25 hours, and who have met any authorized waiting period requirements. This includes a sole proprietor with one or more eligible employees, 1099 contractors or a partner of a partnership, if included as an employee under the health benefit plan of a small employer. ■ Employees in the waiting period are considered when the determining the group size. ■ If an employee and dependent work for the same company, and elect to enroll as employee and dependent, applicable documentation to determine dependent's actual employee eligibility status must be provided as any other employee of the group. (i.e. WR-30, Partnership document, W-2 and payroll stub) ■ Union employees who have collectively bargained for their health plan are excluded as eligible employees for the purpose of health coverage. ■ Employees who do not meet the definition of a permanent full-time employee will not be eligible (e.g. leased, part-time, temporary, seasonal or substitute employees). ■ 1099 contractors, stockholders, partners or other outside consultants, who are not active, permanent full-time employees are not eligible. ■ For Life and Disability Only: Employees who are both disabled and away from work on the date their insurance would otherwise become effective will become insured on the date they return to active full-time work one full day. ■ An employee can waive Medical coverage and still enroll for Dental, Life/AD&D and Disability. <p>Retirees</p> <ul style="list-style-type: none"> ■ Aetna offers coverage for Medicare-eligible retirees in accordance with the Eligibility Guidelines for the Aetna Golden Medicare Plan and the Aetna Golden Choice Plan. <p>Continuation - COBRA or NJ State Continuation</p> <ul style="list-style-type: none"> ■ Eligible enrollees are required to be included on the census (COBRA employees not eligible for Life or Disability) (State continuation employees not eligible for Life, Dental or Disability) ■ Continuation qualifying event, length, start and end date must be provided. ■ Employers with 20 or more employees full & part-time are required to offer COBRA Coverage. ■ Employers with less than 20 employees full & part-time are required to offer State Continuation.

<p>Employer Eligibility</p>	<ul style="list-style-type: none"> ■ Medical plans can be offered to sole proprietorships with one or more eligible employees, partnerships or corporations. ■ Organizations must not be formed solely for the purpose of obtaining health coverage. ■ Associations, Taft-Hartley groups, Professional Employers Organizations (PEO)/employee leasing firms must be written individually and are not eligible to be combined for purposes of obtaining health coverage. A copy of the certificate of fictitious name should be provided. ■ Dental and Disability have ineligible industries which are listed separately below. The Dental ineligible list does not apply when dental is sold in combination with medical. ■ Submission of the most recent WR30/quarterly Wage and Tax Statement must contain the names, salaries, etc. of all employees of the employer group. <ul style="list-style-type: none"> > Employees who have terminated or work part-time should be noted accordingly on the WR-30. > Employees not listed on the WR-30 should have a payroll stub indicating Federal & State Tax withholding. <p>If employee is sole proprietor, partner or corporate officer, the <u>Proof of Eligibility</u> form must be completed and submitted with the following:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Sole Proprietor Must submit one of the following:</p> <ul style="list-style-type: none"> ■ IRS Form 1040C or 1040F ■ IRS Form 1040SE </td> <td style="width: 33%; vertical-align: top;"> <p>Partner Must submit one of the following:</p> <ul style="list-style-type: none"> ■ IRS Form 1065 (Schedule K-1) ■ IRS Form 1040 SE </td> <td style="width: 33%; vertical-align: top;"> <p>Corporate Officers Must submit one of the following:</p> <ul style="list-style-type: none"> ■ IRS Form 1120, 1120 A or 1120 W (C-Corp & Personal Service Corp) ■ IRS Form 1120 S, K-1 or 1040 ES (S-Corp) </td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Submit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ■ Assumed Name Certificate (Fictitious Business Name or DBA) <u>AND</u> ■ Filed Certificate of Organization (Only required for LLC) </td> <td style="width: 33%; vertical-align: top;"> <p>Submit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ■ State Filed Partnership Agreement ■ Filed Assumed Name Certificate (Fictitious Business Name or DBA); <u>AND</u> ■ Filed Certificate of Organization (only required for LLC or LLP) </td> <td style="width: 33%; vertical-align: top;"> <p>Submit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ■ Filed Assumed Name Certificate (Fictitious Business Name or DBA) ■ Articles of Incorporation (complete, including name of officers) <u>AND</u> ■ Filed Certification of Qualification (if incorporated in a different state) </td> </tr> </table>	<p>Sole Proprietor Must submit one of the following:</p> <ul style="list-style-type: none"> ■ IRS Form 1040C or 1040F ■ IRS Form 1040SE 	<p>Partner Must submit one of the following:</p> <ul style="list-style-type: none"> ■ IRS Form 1065 (Schedule K-1) ■ IRS Form 1040 SE 	<p>Corporate Officers Must submit one of the following:</p> <ul style="list-style-type: none"> ■ IRS Form 1120, 1120 A or 1120 W (C-Corp & Personal Service Corp) ■ IRS Form 1120 S, K-1 or 1040 ES (S-Corp) 	<p>Submit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ■ Assumed Name Certificate (Fictitious Business Name or DBA) <u>AND</u> ■ Filed Certificate of Organization (Only required for LLC) 	<p>Submit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ■ State Filed Partnership Agreement ■ Filed Assumed Name Certificate (Fictitious Business Name or DBA); <u>AND</u> ■ Filed Certificate of Organization (only required for LLC or LLP) 	<p>Submit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ■ Filed Assumed Name Certificate (Fictitious Business Name or DBA) ■ Articles of Incorporation (complete, including name of officers) <u>AND</u> ■ Filed Certification of Qualification (if incorporated in a different state)
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<p>Employer Financial Conditions</p>	<ul style="list-style-type: none"> ■ Current carrier bill with billing summary if applicable will be required. Bill must include an account summary showing the Plan is paid to the current premium due date. ■ Groups that have been terminated for non-payment by Aetna may require six (6) months of premium with application. 						
<p>Initial Premium Check</p>	<ul style="list-style-type: none"> ■ The initial premium check is not a binder check and does not bind Aetna to provide coverage. ■ An initial premium check equal to one month's premium must accompany application. ■ If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, or other permissible reasons, the initial premium check will be returned to the employer. ■ Checks must be on company check stock, (personal checks not acceptable). ■ If the initial premium check is returned for non-sufficient funds coverage will be retroactively termed to the effective date. 						

NEW JERSEY UNDERWRITING GUIDELINES

<p>Newly Formed Business</p>	<p>Must provide the following documentation for consideration:</p> <ul style="list-style-type: none"> ▪ Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees, number of hours worked on a regular basis, indication of salary draw. ▪ Tax I.D Number <u>and</u> ▪ Copy of Business License.
<p>Plan Change Ancillary Additions</p>	<ul style="list-style-type: none"> ▪ Requests to add or change ancillary benefits must be requested by the desired effective date. ▪ The future renewal date of the ancillary products will be the same as the medical plan renewal date.
<p>Producers</p>	<ul style="list-style-type: none"> ▪ Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products. ▪ All quotes are subject to change based upon additional information that becomes available in the quoting process and during the case submission/installation, including any change in census.
<p>Replacing Other Group Coverage</p>	<ul style="list-style-type: none"> ▪ A copy of the current billing statement that includes the account summary showing the plan is paid to the current premium due date. ▪ The employer should be told not to cancel any existing medical coverage until they have been notified of approval.
<p>Waiting Period</p>	<ul style="list-style-type: none"> ▪ The employer decides whether or not to impose a waiting period. ▪ The available waiting periods are 0, 30, 60, 90, 120 or 180 days. ▪ We strongly recommend an effective date of the 1st or 15th of the policy month following the waiting period of 0, 30, 60, 90, 120 (excludes 180 days) for new or rehired employees. If electing this option, please indicate on the employer application. ▪ Changes to waiting period allowed on anniversary only.

SPECIFIC TO PRODUCTS

	Medical	Dental	Basic Term Life and Packaged Life & Disability
Product Availability	<ul style="list-style-type: none"> 2 to 50 eligible. May be written standalone or with ancillary coverage as noted in the following columns. 	<ul style="list-style-type: none"> 2 to 9 Eligible Employees - all plans only if packaged with Medical. 10 to 50 Eligible Employees - all plans available with or without medical (except Option 1 which is available only with HMO-based Medical). Orthodontic coverage for dependent children is included in certain plan options and available only to groups with 10 or more eligible employees. 	<ul style="list-style-type: none"> 2 to 50 eligible employees if sold with Medical. 10 to 50 eligible employees if sold with Medical or Dental. 26 to 50 eligible employees on a standalone basis. Must meet the qualifications of a small business. The same employer eligibility guidelines that apply to Medical will apply to Basic Term Life and Packaged Life/Disability. Life and Disability are bundled with Medical at the employer level, not the employee level. Therefore, a subscriber within a given group can waive Medical coverage and still enroll in Basic Term Life or the Packaged Life/Disability.
Carve out/ Excluded Class	<ul style="list-style-type: none"> Union employees, as a class, may be excluded by an employer, as not being eligible for coverage. Carve Outs are permitted provided minimum participation and eligibility requirements are met. 	Not allowed	Not Applicable
Option Sales	<ul style="list-style-type: none"> It is strongly recommended that Aetna be the sole carrier for groups with 2 – 19 eligible employees. 	<ul style="list-style-type: none"> All dental plans, except Option 1 – HMO Dental Rider, must be offered on a full-replacement basis. No other employer-sponsored dental plan can be offered. 	Not Applicable
Employer Contribution	<ul style="list-style-type: none"> Coverage can be denied if the employer contributes less than 10% of the annual cost of the health benefits plan. 	<ul style="list-style-type: none"> For Options 2 - 7, employers must contribute at least 25% of the total cost of the plan or 50% of the cost of employee only coverage. Coverage can be denied based on inadequate contributions. 	<ul style="list-style-type: none"> 2 to 9 eligible employees – 100% of the total cost of the Basic Term Life plan (excluding Optional Dependent Term). 10 to 50 eligible employees - at least 50% of the total cost of the plans (excluding Optional Dependent Term).

	Medical	Dental	Basic Term Life and Packaged Life & Disability
Out-of-State/Situs Employees	<ul style="list-style-type: none"> ■ Coverage available for employees who live outside of CT, DE, MD, NJ, NY, PA, VA and DC. ■ In order for Aetna to accommodate an out-of-state/situs employee who works outside of NJ & situs, we must cover 51% or more employed in the domiciled state (NJ). ■ For groups with more than 50% of the group’s employees working outside of NJ & situs, Aetna may decline to offer coverage to those out-of-state/situs employees. 	<ul style="list-style-type: none"> ■ Employees who reside outside of NJ, PA, DE, MD, VA, DC, NY, CT are considered outside the situs region. Out-of-State/Situs employees will be offered one of the specific out-of-state/situs dental PPO plans. Employees who fall outside a dental PPO network area will default to a comparable indemnity plan. Maximum out-of-state/situs employee percentage (and/or number of employees) will agree with the Medical guideline. 	Not Applicable.
Participation	<ul style="list-style-type: none"> ■ Groups with 2 to 50 eligible employees - 75% of eligibles must enroll including those covered under a spouse’s health benefits plan, Medicare or another group health benefits plan. In calculating participation, individuals with these types of other coverages must be counted as participating. <p>Example:</p> <ul style="list-style-type: none"> > 22 lives, 2 covered under spouse > $22 \times 75\% = 16.5$, rounded up = 17 (to meet participation) > $17 - 2$ (covered under spouse) = 15 must enroll. > Dependent participation is not required. > Employees waiving must complete the waiver section and provide proof of other coverage by providing a copy of their spouse’s current I.D. card where applicable. > Coverage can be denied based on inadequate participation. 	<ul style="list-style-type: none"> ■ 2 to 3 Eligible Employees <ul style="list-style-type: none"> > 100% participation is required, excluding those with other qualifying existing dental coverage. > Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa. Example: > 3 eligible; 1 covered under spouse dental plan (3 minus 1 = 2 X 100% = 2 must enroll in Aetna dental plan) ■ 4 to 50 Eligible Employees <ul style="list-style-type: none"> > Non-contributory plans - 100% participation is required. All employees excluding those with other qualifying existing dental coverage must enroll. > Contributory plans - 75% participation is required, excluding those with other qualifying existing dental coverage. A minimum of 50% of total eligible employees must enroll in the dental plan. Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa. Example 1: > 6 eligible; 2 covered under spouse dental plan (6 minus 2 = 4 x 75% = 3 must enroll in Aetna dental plan) Example 2: > 5 eligible; 2 covered under spouse dental plan (5 minus 2 = 3 x 75% = 2.25; 3 must enroll in Aetna dental plan because 2 would not meet the 75% test or the 50% minimum test) 	<ul style="list-style-type: none"> ■ Employees may elect Basic Term Life or Packaged Life/Disability insurance even if they do not elect Medical coverage and the group must meet the required participation percentage. If not, then Basic Term Life/Disability will be declined for the group. ■ 2 to 9 eligible employees 100% participation is required Example: 9 employees, 3 waiving Medical. All 9 must enroll for Life. ■ 10 to 50 eligible employees > 75% must participate when the plan is at least partially contributory. > 100% participation is required for all non-contributory plans.

<p>Late Applicants</p>	<p>An employee or dependent who enrolls for coverage more than 31 days from the date first eligible is considered a late enrollee. Applicants without a qualifying life event (i.e. marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.) are subject to the Late Entrant guidelines as follows:</p>																																																																						
	<p>Medical</p> <ul style="list-style-type: none"> Late applicants will be enrolled as of the date the individual requests coverage unless the effective date requested is more than 31 days prior to Aetna's receipt of the application. In that case, the effective date will be 31 days prior to Aetna's receipt of the application. 	<p>Dental</p> <ul style="list-style-type: none"> An employee or dependent may enroll at any time, however, coverage is limited to Preventive & Diagnostic services for the first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics). Late Entrant provision does not apply to enrollees less than age 5. Does not apply to Option 1 – HMO Dental Rider. 	<p>Basic Term Life and Packaged Life & Disability</p> <ul style="list-style-type: none"> Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date. The applicant will be required to complete an individual health statement/questionnaire and provide Evidence of Insurability (EOI). 																																																																				
<p>Industries</p>	<p>Medical</p> <ul style="list-style-type: none"> All industries eligible The employer should provide the SIC code (four digit number or 6 digit code) filed with the state on the business tax return and/or Workers' Compensation form (optional for Medical). 	<p>Dental</p> <ul style="list-style-type: none"> Ineligible industry list applies only when Dental is sold standalone or packaged only with Group Insurance. This list does not apply when Dental is sold in combination with Medical. <table border="0"> <thead> <tr> <th>SIC Description</th> <th>SIC Range</th> </tr> </thead> <tbody> <tr> <td>Advertising, Misc</td> <td>7319</td> </tr> <tr> <td>Amusement, Recreation & Entertainment</td> <td>7800-7999</td> </tr> <tr> <td>Museum/Art Galleries, Botanical Gardens</td> <td>8400-8499</td> </tr> <tr> <td>Associations & trusts</td> <td>8600-8699</td> </tr> <tr> <td>Auto dealerships</td> <td>5511-5599</td> </tr> <tr> <td>Beauty & Barber Shops</td> <td>7231-7241</td> </tr> <tr> <td>Direct Mailing, Secretarial Services</td> <td>7331-7338</td> </tr> <tr> <td>Employment Agencies</td> <td>7361-7363</td> </tr> <tr> <td>Engineering & Mgmt Services</td> <td>8700-8799</td> </tr> <tr> <td>Hotels</td> <td>7000-7099</td> </tr> <tr> <td>International Affairs</td> <td>9721</td> </tr> <tr> <td>Jewelry Manufacturing</td> <td>3911-3915</td> </tr> <tr> <td>Legal</td> <td>8100-8199</td> </tr> <tr> <td>Medical Groups</td> <td>8000-8059</td> </tr> <tr> <td>Medical Groups</td> <td>8071-8099</td> </tr> <tr> <td>Misc Business Services</td> <td>7389</td> </tr> <tr> <td>Misc Computer Services</td> <td>7379</td> </tr> <tr> <td>Misc Repair</td> <td>7692-7699</td> </tr> <tr> <td>Misc Services</td> <td>8999</td> </tr> <tr> <td>Mobile Home Dealers</td> <td>5271</td> </tr> <tr> <td>Passenger Transportation</td> <td>4111-4121</td> </tr> <tr> <td>Photo Studios</td> <td>7221</td> </tr> <tr> <td>Photofinishing Labs</td> <td>7384</td> </tr> <tr> <td>Real Estate</td> <td>6500-6799</td> </tr> <tr> <td>Repairs, Cleaning, Personal Services</td> <td>7251-7299</td> </tr> <tr> <td>Restaurants</td> <td>5800-5899</td> </tr> <tr> <td>Schools, Libraries, Education</td> <td>8211-8299</td> </tr> <tr> <td>Seasonal Employees</td> <td>0761-0783</td> </tr> <tr> <td>Security Systems, Armored Cars</td> <td>7381-7382</td> </tr> <tr> <td>Service - Private Households</td> <td>8800-8899</td> </tr> <tr> <td>Social Services; Museums, Art Galleries</td> <td></td> </tr> <tr> <td>Botanical Gardens</td> <td>8300-8499</td> </tr> <tr> <td>Watch, Clock & Jewelry repair</td> <td>7631</td> </tr> </tbody> </table>	SIC Description	SIC Range	Advertising, Misc	7319	Amusement, Recreation & Entertainment	7800-7999	Museum/Art Galleries, Botanical Gardens	8400-8499	Associations & trusts	8600-8699	Auto dealerships	5511-5599	Beauty & Barber Shops	7231-7241	Direct Mailing, Secretarial Services	7331-7338	Employment Agencies	7361-7363	Engineering & Mgmt Services	8700-8799	Hotels	7000-7099	International Affairs	9721	Jewelry Manufacturing	3911-3915	Legal	8100-8199	Medical Groups	8000-8059	Medical Groups	8071-8099	Misc Business Services	7389	Misc Computer Services	7379	Misc Repair	7692-7699	Misc Services	8999	Mobile Home Dealers	5271	Passenger Transportation	4111-4121	Photo Studios	7221	Photofinishing Labs	7384	Real Estate	6500-6799	Repairs, Cleaning, Personal Services	7251-7299	Restaurants	5800-5899	Schools, Libraries, Education	8211-8299	Seasonal Employees	0761-0783	Security Systems, Armored Cars	7381-7382	Service - Private Households	8800-8899	Social Services; Museums, Art Galleries		Botanical Gardens	8300-8499	Watch, Clock & Jewelry repair	7631	<p>Basic Term Life and Packaged Life & Disability</p> <ul style="list-style-type: none"> Basic Term Life Only – all industries are eligible Disability – the following industries are not eligible for the Packaged Life/Disability plan: <ul style="list-style-type: none"> > 1000-1499 Mining > 7381 Service - Detective Services > 2892-2899 Explosives, Bombs & Pyrotechnics > 7500-7599 Automotive Repairs/Services > 3291-3292 Asbestos Products > 7800-7999 Motion Picture/Amusement > 3310-3329 Primary Metal Industries & Recreation > 3480-3489 Fire Arms & Ammunition > 8010-8043 Doctors Offices/Clinics > 5921 Liquor Stores > 8600-8699 Membership Associations > 6211 Security Brokers > 8800-8899 Service-Private Households > 6531 Real Estate – Agents > 9999 Non-classified Establishments
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Dual Product Option	<ul style="list-style-type: none"> ▪ Dual product option is when more than one Aetna plan is offered to members in the same network or service area. ▪ We strongly recommend groups 2 – 19 eligible offer 1 plan option. 												
Rate Tier Structure	<ul style="list-style-type: none"> ▪ 4 tiers required. ▪ Class Rated based on demographics. 												
DENTAL ONLY													
Coverage Waiting Period	<ul style="list-style-type: none"> ▪ On PPO and Indemnity Plans, for Major and Orthodontic Services must be an enrolled member of a plan that covers these services for 1 year before eligible. ▪ There is no Coverage Waiting Period on the DMO or HMO Dental Rider. 												
Product Packaging	<ul style="list-style-type: none"> ▪ For groups with 25+ employees, DMO (Option 2) can not be sold as the only dental plan. It must be sold along side Options 4-6 as a Dual Option sale. ▪ For groups with <25 employees, DMO (Option 2) can be either sold standalone or packaged with any PPO option as a Dual Option. ▪ PPO plans can be sold standalone or packaged with DMO as a Dual Option. ▪ Freedom-of-Choice (Option 3) can not be sold with any other option. It must be the only plan sold. ▪ Consumer Directed DentalFund (Option 7) can not be sold with any other dental option. It must be the only plan sold. 												
Open Enrollment	<ul style="list-style-type: none"> ▪ Open enrollments are prohibited for Options 2 – 7. ▪ An employee or dependent can enroll at any time but is subject to the Dental Late Entrant provision if enrollment occurs other than within 31 days of first becoming eligible unless a qualifying life event has occurred or the enrollee is less than age 5. 												
Waiting Period Waiver	<ul style="list-style-type: none"> ▪ Waiting Period is waived separately for Major or Ortho for employees who were covered by the group’s immediately preceding dental plan. To waive Waiting Period for Orthodontic services, the group’s immediately preceding group plan must have covered Orthodontic services. To waive Waiting Period for Major services, the group’s immediately preceding group plan must have covered Major services. <p>Example: Prior Major coverage but no ortho coverage. New plan has both Major and Ortho coverage. The waiting period is waived for major services but not for Ortho services.</p>												
BASIC TERM LIFE AND PACKAGED LIFE & DISABILITY													
Job Classification (Position) Schedules	<ul style="list-style-type: none"> ▪ Varying levels of coverage based on job classifications are available for groups with 10 or more lives. Up to 3 separate classes are allowed with a minimum requirement of 3 employees in each class. ▪ Items such as waiting periods must be applied consistently within a class of employee. ▪ The benefit for the class with the richest benefit must not be greater than five (5) times the benefit of the class with the lowest benefit. For example, a schedule may be structured as follows: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Position/Job Class</th> <th style="text-align: left;">Basic Term Life Amount</th> <th style="text-align: left;">Packaged Life/Disability</th> </tr> </thead> <tbody> <tr> <td>Executives</td> <td>\$50,000</td> <td>High Option</td> </tr> <tr> <td>Managers/Supervisors</td> <td>\$20,000</td> <td>Medium Option</td> </tr> <tr> <td>All Other Employees</td> <td>\$10,000</td> <td>Low Option</td> </tr> </tbody> </table>	Position/Job Class	Basic Term Life Amount	Packaged Life/Disability	Executives	\$50,000	High Option	Managers/Supervisors	\$20,000	Medium Option	All Other Employees	\$10,000	Low Option
Position/Job Class	Basic Term Life Amount	Packaged Life/Disability											
Executives	\$50,000	High Option											
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Guaranteed Issue Coverage	<ul style="list-style-type: none"> ▪ Aetna provides certain amounts of Life insurance to all timely entrants without requiring an employee to answer any Medical questions. These insurance amounts are called “Guaranteed Issue.” ▪ Employees wishing to obtain increased insurance amounts will be required to submit Evidence of Insurability which means they must complete a Medical questionnaire and may be required to submit to a Medical exam. 												
Evidence of Insurability (EOI)	<p>EOI is required when one or more of the following conditions exist:</p> <ol style="list-style-type: none"> 1) Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit. 2) Life or Disability coverage is not requested within 31 days of eligibility for contributory coverage. 3) New Life or Disability coverage is requested during the anniversary period. 4) Coverage is requested outside of the employer’s anniversary period due to qualifying Life event (i.e.marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.). 5) Reinstatement or restoration of coverage is requested. 												
Continuity of Coverage (no loss/no gain)	<ul style="list-style-type: none"> ▪ The employee will not lose coverage due to a change in carriers. This protects employees who are not actively at work during a change in insurance carriers. ▪ If an employee is not actively at work, Aetna will waive the actively-at-work requirement and provide coverage, except no benefits are payable if the prior plan is liable. 												

Eligibility Guidelines for the Aetna Golden Medicare Plan and the Aetna Golden Choice Plan

This information is the property of Aetna Inc. and its affiliates (“Aetna”), and may only be used or transmitted with respect to Aetna products and procedures, as specifically authorized by Aetna, in writing.

Note: State and Federal Legislation/Regulations, including Small Group Reform and HIPAA, take precedence over any and all Underwriting Rules and Eligibility Rules (for Aetna’s Medicare Advantage Plans).

ELIGIBLE CASES	
Participation	<ul style="list-style-type: none"> ■ Groups must have a minimum of two Medicare-eligible retirees/employees. ■ A minimum of two must enroll. ■ Medicare-eligible dependents may participate but are not required to do so.
Employer Contributions	<ul style="list-style-type: none"> ■ There are no employer contribution requirements.
Employer Eligibility	<ul style="list-style-type: none"> ■ Retiree medical plans can be offered to sole proprietorships, partnerships or corporations. ■ Organizations must not be formed solely for the purpose of obtaining health coverage. ■ Taft Hartley, Professional Employers Organizations (PEO)/employee leasing firms and unions require underwriting approval.
Member Eligibility	<ul style="list-style-type: none"> ■ Members and dependents are individually eligible if they are entitled to Medicare Part A and enrolled in Medicare Part B. ■ Eligible dependents include an employee’s Medicare-eligible spouse and Medicare-eligible unmarried children. ■ Members with end-stage kidney disease are not eligible unless otherwise qualified under CMS guidelines. ■ Members must be eligible for retiree coverage under the employer group. ■ Members and dependents must reside in Aetna’s approved Medicare service area (county based). ■ If a member or dependent resides outside of Aetna’s approved service area (county based) for more than six months, they will be disenrolled from the plan pursuant to federal regulations. ■ No individual medical underwriting. ■ No pre-existing condition limitations.
Options Sales	<ul style="list-style-type: none"> ■ Aetna’s Medicare product must be the sole Medicare Advantage carrier within covered service areas. (Exceptions permitted when union contracts stipulate different carrier/product.)
Dual Product Option	<ul style="list-style-type: none"> ■ Groups with 2 to 50 eligibles may offer only one Aetna Medicare product.
Employer Financial Conditions	<ul style="list-style-type: none"> ■ Coverage will not be provided to groups that are not in sound financial condition. ■ Exception is where the employer contributes \$0 to the funding of the plan. ■ Dun & Bradstreet reports may be reviewed for financial soundness. ■ Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until (1) 12 months after the termination date or (2) payment of two months of premium in advance of the issuance of the health benefit plan.
CASE SUBMISSION	
Verification of Employee/ Retiree Status	<ul style="list-style-type: none"> ■ Must submit evidence of employment status for Medicare-eligible employees (for groups with less than 20 employees). For retirees, submit prior year’s forms to verify eligibility. Required documentation is prior carrier bill or Quarterly Unemployment Wage and Tax forms listing individuals requesting coverage.
Effective Dates/ Rate Change Dates	<ul style="list-style-type: none"> ■ A group can only be effective on the first day of the month. ■ Due to the annual nature of the Centers for Medicare and Medicaid Services (CMS) payment increases, Aetna standard requires customer to renew on January 1. Exceptions may require eligibility approval.
Licensed, Appointed Producers	<ul style="list-style-type: none"> ■ Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products. ■ All quotes are subject to change based upon additional information that becomes available in the quoting process and during case submission/installation including any change in census.
Initial Premium Check	<ul style="list-style-type: none"> ■ An initial premium check equal to one month’s premium must accompany the Medicare application. This initial check is not a binder check. ■ Enrolled dependents are considered to be individual subscribers. All subscribers are rated with single tier coverage. ■ If the request for coverage is denied due to business ineligibility, the initial premium check will be returned to the employer.

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 Life Insurance Company and/or Aetna Dental Inc. For the Aetna Golden Choice Plan, Corporate Health Insurance Company also offers, underwrites or administers benefits.

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 arranges for the provision of healthcare/dental services. However, Aetna itself is not a provider of healthcare/dental services and therefore, cannot guarantee any results or outcomes. Consult the plan documents (Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, 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 and by plan design. With the exception of Aetna Rx Home Delivery® service, participating providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. 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. Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

Information supplied by Aetna IntelliHealth® is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Informed Health® Line nurses cannot diagnose, prescribe or give medical advice. Specific questions should be addressed to your doctor. Alternative health care programs, Vision One® and the fitness program are rate-access programs and may be in addition to any plan benefits. Program providers are solely responsible for the products and services provided thereunder. Aetna does not endorse any vendor, product or service associated with these programs. Discounts offered hereunder are not insurance.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. If your plan covers outpatient prescription drugs, your plan may include a Preferred Drug List (formulary). 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, and information about other pharmacy programs such as precertification, please refer to Aetna's website at www.aetna.com, or the formulary. Many drugs, including many of those listed on the formulary are subject to rebate arrangements between Aetna and the manufacturer of the drugs. Aetna receives rebates from the manufacturers of many drugs, including many that are on the formulary. These rebates do not reduce the amount you pay for an individual prescription drug. However, they help control the overall costs of prescription drug coverage. Your pharmacy benefit provides coverage for many drugs that are not on this list. Also, in some cases, if you need to pay a percentage of the cost of the drug or an amount to meet a deductible, your costs may be higher for a "brand-name formulary" than they would be for a "brand-name non-formulary." You can find out more about the terms and limitations on your plan by reading your plan documents. You can also contact Member Services.

Aetna Rx Home Delivery® refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through mail-order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost it pays for the drugs and the costs of its mail-order pharmacy services. For these purposes, Aetna Rx Home Delivery's cost of purchasing drugs takes into account discounts, credits and other amounts that it may receive from wholesalers, manufacturers, suppliers and distributors.

Aetna does not credential or otherwise make any representations as to the quality or appropriateness of long-term care providers offering discounts to Aetna members.

Benefits provided in connection with Aetna HealthFund HSA are offered or administered by Aetna Life Insurance Company. Features of this plan may vary based on the specific terms established by your employer. Please read your benefits materials carefully. Health Savings Accounts are not insured benefits. Credited interest rates are subject to change.

Aetna HealthFund HSA withdrawals are to be used for qualified medical expenses. Withdrawals will be made at the Account Holder's discretion. Withdrawals that are not for qualified medical expenses are taxable and will be subject to penalty taxes in certain circumstances.

Aetna does not act as tax or legal advisor of the Account Holder with respect to Account Holder's HSA. HSA contributions are not subject to Federal and most state and local taxes. Please consult your tax advisor for further details.

For the Aetna Golden Medicare HMO Plan

Enrollee must be entitled to Medicare Part A and continue to pay the Part B premium and Part A, if applicable. Enrollee must use network providers except for emergent care or out-of-area urgent care/renal dialysis. Coverage is provided through a Medicare Advantage organization with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

For the Aetna Golden Choice Plan

Enrollee must be entitled to Medicare Part A and continue to pay the Part B premium and Part A, if applicable. Higher costs apply for out-of-network services. Certain services require pre-certification or prior approval of coverage. Providers must be licensed and eligible to receive payment under the federal Medicare program. Coverage is provided through a Medicare Advantage organization with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

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

For more information about Aetna's Small Business Solutions, please contact the Northeast Small Group Sales Support Center at 1-888-277-1053 or the Mid-Atlantic Small Group Sales Support Center at 1-877-28-AETNA.

