

AARP[™]

Health

Essential Premier Health Insurance

insured by

Aetna[®]



AARP[®] Essential Premier Health Insurance

A guide to understanding your choices
and to selecting an insurance plan

Michigan

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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.



Take charge of your health

They say nothing is more important than your health.

They're right. That's what makes health insurance coverage such an essential part of life for AARP members, especially if you're not on an employer-sponsored plan. You need to take charge of your health...and your health coverage needs.

Whether you're an early retiree, empty nester or even self-employed, we're here to help. Aetna, one of the nation's most recognized and respected health insurers for decades, has developed the AARP Essential Premier Health Insurance Plans exclusively for AARP members, providing some outstanding ways to help keep yourself and your family in good health.

Perhaps you've just left a group plan. Or you're looking for an option other than COBRA. You may want to switch from your current individual health insurance coverage. Or you're not currently insured. Maybe you're just looking for something more affordable.

Whatever your situation, you should learn about AARP Essential Premier Health Insurance, insured by Aetna. This custom-designed health insurance plan for individuals offers you and your family a better value — with the quality coverage you need — for a better life.

Coverage for a better life

Why did AARP choose Aetna as one of its health benefits insurers for AARP members? Because there are so many advantages for you. With over 150 years of experience, Aetna offers an outstanding combination of quality coverage and affordable rates, as well as innovative technologies to help you make more informed health care decisions.

Aetna's diverse offerings provide AARP members a wider range of health insurance plans, with different price points and coverage levels. With AARP Essential Premier Health Insurance, you can choose from quality "Premier" plans or affordable "Preventive and Hospital Care" plans. You can even apply for coverage for not only yourself, but your spouse or domestic partner, children and grandchildren as well.

Tax advantages, too

If you value tax savings, you may consider "High Deductible" plans that are compatible with Health Savings Accounts (HSAs). These "tax-advantaged" plans allow you or eligible family members to make contributions to your HSA tax-free. Those contributions earn interest tax-free, and your withdrawals for medical expenses (including health insurance premiums for sole proprietors) are tax-free as well.

Make informed choices

Aetna prides itself on being upfront and honest about provider pricing and quality, showing you online the actual negotiated rates paid to network doctors and other health care providers. The company also provides online clinical and quality efficiency ratings for physicians, specialists and hospitals in its network. This allows you to make informed choices about who provides your medical care. (Cost and quality information is not available in all areas.)

You're covered wherever you go

Do you travel? Wherever you go, throughout all 50 states, a nationwide network of doctors and hospitals has you covered. This is important to any AARP member who's interested in vacationing and traveling within the U.S.

Online help and information

Other important member benefits include Internet access to reliable health information and Aetna Navigator™, a secure, award-winning website for understanding and managing your health benefits.

Is your doctor in the network?

Which local physicians, hospitals and pharmacies participate in the health plan's network?

Visit www.aarphealthcare.com/aetna

Or ask your broker for a directory of providers.

Michigan

Here are the counties in Michigan where AARP Essential Premier Health Insurance is available.*

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

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

FOR MORE INFORMATION
See plan details on pages 8-13

PREMIER

- \$1500 DEDUCTIBLE PLAN
- \$2500 DEDUCTIBLE PLAN
- \$5000 DEDUCTIBLE PLAN

PREVENTIVE AND HOSPITAL CARE

- \$1250 DEDUCTIBLE PLAN
- \$3000 DEDUCTIBLE PLAN (HSA COMPATIBLE)

HIGH DEDUCTIBLE

- \$3000 PLAN (HSA COMPATIBLE)
- \$5000 PLAN (HSA COMPATIBLE)

Choose the plan that best fits your needs

A variety of AARP Essential Premier Health Insurance plans are available in your state. All of these plans give you the freedom to go directly to any physician, hospital or specialist for covered services.

What type of coverage do you need?

Your plan choices are:

- Premier Plans
- Preventive and Hospital Care Plans
- High Deductible (HSA Compatible) Plans

Premier Plans

Premier Plans give you:

- An excellent combination of quality coverage and affordable premiums
- The freedom to seek health care when needed, and the flexibility to access care in or out-of-network
- No claim forms to fill out when you use a network provider, and no referrals are required to see a specialist.

Premier Plans are available with three levels of annual deductibles: \$1500, \$2500 and \$5000.

Preventive and Hospital Care Plans

Our Preventive and Hospital Care Plans — available with annual deductibles of \$1250 or \$3000 — are ideal if you're primarily looking for affordability when selecting a coverage option. Instead of hospitalization, these plans provide inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges.

These plans also provide coverage for preventive care, including an annual GYN exam, well child care and physical exam. The deductible applies to most covered expenses. (NOTE: This plan provides limited benefits only and does not constitute a premier health insurance plan. It may not cover all expenses associated with your health care needs.)

High Deductible (HSA Compatible) Plans

A key advantage of a High Deductible Plan is it can be paired with a Health Savings Account (HSA), a special account that lets you pay for qualified medical expenses with tax-advantaged funds.

**Want a personalized
quote? Want to
apply?**

**Contact
your broker!**

What does “tax-advantaged” mean? It means you or an eligible family member can contribute to your HSA tax-free. Those dollars earn interest tax-free. And when you make withdrawals to pay for qualified health care expenses, they’re tax-free, too.

Dependent Coverage

All of AARP’s Essential Premier Health Insurance plans in your state are available for Child Only, which means you can enroll a dependent child even if no other family member enrolls. Coverage includes immunizations, well child visits and emergency room visits. (NOTE: if you choose one of the HSA plans for Child Only, an HSA account is not available for the child.)



PREMIER
\$1500 DEDUCTIBLE PLAN

MEMBER BENEFITS

	In-Network	Out-of-Network+
Deductible Individual / Family	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$1,500/\$3,000	\$1,500/\$3,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family	\$3,000/\$6,000	\$4,500/\$9,000
Lifetime Maximum* per Insured	\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay ded. waived	40% after deductible
Specialist Visit	\$35 copay ded. waived	40% after deductible
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% after deductible	
Annual Routine GYN Exam Annual Pap	\$0 copay ded. waived	40% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health Routine Physical <i>Aetna will pay up to \$200.</i>	\$25 copay ded. waived	40% after deductible
Lab / X-Ray	20% after deductible	40% after deductible
Skilled Nursing In lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	40% after deductible
Physical / Occupational Therapy <i>24 visits per calendar year*- Aetna will pay a max. of \$25 per visit</i>	20% after deductible	40% after deductible
Home Health Care In lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	40% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i>	20% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible Individual / Family	\$250/\$500 NA to generic	\$250/\$500 NA to generic
Generic <i>Oral Contraceptives Included</i>	\$15 copay ded. waived	\$15 copay plus 40% ded. waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$25 copay after deductible	\$25 copay plus 40% after ded.
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 40% after ded.
Calendar Year Maximum per Individual*	Unlimited	

* 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.

PREMIER \$2500 DEDUCTIBLE PLAN		PREMIER \$5000 DEDUCTIBLE PLAN	
In-Network	Out-of-Network+	In-Network	Out-of-Network+
\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
\$5,000/\$10,000	\$7,500/\$15,000	\$7,500/\$15,000	\$12,500/\$25,000
\$5,000,000		\$5,000,000	
\$30 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible
\$40 copay ded. waived	40% after deductible	\$50 copay ded. waived	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$100 copay** (waived if admitted) 20% after deductible		\$100 copay** (waived if admitted) 20% after deductible	
\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible
Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
\$30 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic
\$15 copay ded. waived	\$15 copay plus 40% ded. waived	\$15 copay ded. waived	\$15 copay plus 40% ded. waived
\$25 copay after deductible	\$25 copay plus 40% after ded.	\$25 copay after deductible	\$25 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.
Unlimited		Unlimited	

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

PREVENTIVE AND HOSPITAL CARE
\$1250 DEDUCTIBLE PLAN

MEMBER BENEFITS

	In-Network	Out-of-Network+
Deductible Individual / Family	\$1,250/\$2,500	\$2,500/\$5,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family	\$3,750/\$7,500	\$7,500/\$15,000
Lifetime Maximum* per Insured	\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
Specialist Visit	Not covered	Not covered
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% after deductible	
Annual Routine GYN Exam Annual Pap	\$0 copay ded. waived	40% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health Routine Physical <i>Aetna will pay up to \$200.</i>	\$25 copay ded. waived	40% after deductible
Lab / X-Ray	20% after ded. preoperative w/covered surgery only	40% after ded.
Skilled Nursing In lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	40% after deductible
Physical / Occupational Therapy <i>24 visits per calendar year*- Aetna will pay a max. of \$25 per visit</i>	Not covered	Not covered
Home Health Care In lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	40% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i>	Not covered	Not covered
PHARMACY		
Pharmacy Deductible Individual / Family	Not applicable	Not applicable
Generic <i>Oral Contraceptives Included</i>	\$15 copay ded. waived	\$15 copay plus 40% ded. waived
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered***	Not covered***
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered***	Not covered***
Calendar Year Maximum per Individual*	Unlimited	

* 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.

**PREVENTIVE AND HOSPITAL CARE
\$3000 DEDUCTIBLE PLAN
(HSA COMPATIBLE)**

In-Network	Out-of-Network+
\$3,000/\$6,000	\$6,000/\$12,000
20% after deductible	40% after deductible
\$2,000/\$4,000	\$4,000/\$8,000
\$5,000/\$10,000	\$10,000/\$20,000
	\$5,000,000
Not covered	Not covered
Not covered	Not covered
20% after deductible	40% after deductible
20% after deductible	40% after deductible
\$100 copay** (waived if admitted) 20% after deductible	
\$0 copay ded. waived	40% after deductible
Not covered <i>Except for pregnancy complications</i>	
\$35 copay ded. waived	40% after deductible
20% after ded. preoperative w/covered surgery only	40% after ded.
20% after deductible	40% after deductible
Not covered	Not covered
20% after deductible	40% after deductible
Not covered	Not covered
Not covered***	Not covered***
Not covered***	Not covered***
Not covered***	Not covered***
Not covered***	Not covered***
Not applicable	Not applicable

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

HIGH DEDUCTIBLE \$3000 PLAN
(HSA COMPATIBLE)

MEMBER BENEFITS

	In-Network	Out-of-Network+
Deductible Individual / Family	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance (Member's Responsibility)	0% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$0/\$0	\$6,500/\$13,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family	\$3,000/\$6,000	\$12,500/\$25,000
Lifetime Maximum* per Insured	\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	40% after deductible
Specialist Visit	0% after deductible	40% after deductible
Hospital Admission	0% after deductible	40% after deductible
Outpatient Surgery	0% after deductible	40% after deductible
Emergency Room	\$0 copay after deductible	\$0 copay after deductible
Annual Routine GYN Exam Annual Pap	\$0 copay ded. waived	40% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health Routine Physical <i>Aetna will pay up to \$200.</i>	\$20 copay ded. waived	40% after deductible
Lab / X-Ray	0% after deductible	40% after deductible
Skilled Nursing In lieu of hospital <i>30 days per calendar year*</i>	0% after deductible	40% after deductible
Physical / Occupational Therapy <i>24 visits per calendar year*- Aetna will pay a max. of \$25 per visit</i>	0% after deductible	40% after deductible
Home Health Care In lieu of hospital <i>30 visits per calendar year*</i>	0% after deductible	40% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i>	0% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible Individual / Family	Integrated Medical/Rx Deductible	
Generic <i>Oral Contraceptives Included</i>	\$0 copay after medical ded.	40% after med. ded.
Preferred Brand <i>Oral Contraceptives Included</i>	\$0 copay after medical ded.	40% after med. ded.
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$0 copay after medical ded.	40% after med. ded.
Calendar Year Maximum per Individual*	Unlimited	

* Maximum applies to combined in-and out-of-network benefits. For a full list of benefit coverage and exclusions refer to plan documents.

**HIGH DEDUCTIBLE \$5000 PLAN
(HSA COMPATIBLE)**

In-Network	Out-of-Network+
\$5,000/\$10,000	\$10,000/\$20,000
0% after deductible	40% after deductible
\$0/\$0	\$2,500/\$5,000
\$5,000/\$10,000	\$12,500/\$25,000
\$5,000,000	
0% after deductible	40% after deductible
0% after deductible	40% after deductible
0% after deductible	40% after deductible
0% after deductible	40% after deductible
\$0 copay after deductible	\$0 copay after deductible
\$0 copay ded. waived	40% after deductible
Not covered <i>Except for pregnancy complications</i>	
\$25 copay ded. waived	40% after deductible
0% after deductible	40% after deductible
0% after deductible	40% after deductible
0% after deductible	40% after deductible
0% after deductible	40% after deductible
0% after deductible	40% after deductible
0% after deductible	40% after deductible
Integrated Medical/Rx Deductible	
0% after med. ded.	40% after med. ded.
0% after med. ded.	40% after med. ded.
0% after med. ded.	40% after med. ded.
Unlimited	

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

Programs to help you manage your health

AARP Essential Premier Health Insurance plans include special programs* to complement standard health insurance coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. These programs are value added and are not insurance.

Rx Home Delivery[®]

With this optional program, order prescription medications through our convenient and easy-to-use mail order pharmacy. **To learn more or obtain order forms, visit www.AetnaRxHomeDelivery.com.**

Weight ManagementSM Program

The Weight Management Program can help you achieve your weight loss goals by providing you with a sensible weight loss plan and balanced nutrition guide to fit your lifestyle. This program provides members and their eligible family members access to discounts on Jenny Craig[®] weight loss programs and products. Start with a FREE 30-day trial membership¹; then choose either a 6-month¹ or 12-month program² that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

Navigator™

It's easy and convenient for members to manage their health benefits. Anytime — day or night — wherever they have Internet access, members can log in to Navigator, a secure website. When you register on the site, you can check the status of claims, estimate the costs of health care services, and much more!

Informed Health® Line

Get answers 24/7 to your health questions via this toll-free hotline staffed by a team of registered nurses.

Natural Products and ServicesSM program

Insured members and their families can access complementary health care products and services at reduced rates through the Natural Products and Services program. Members can save on acupuncture, chiropractic care, massage therapy and dietetic counseling as well as on over-the-counter vitamins, herbal and nutritional supplements and other health-related products.

* Natural Products and ServicesSM program, Weight Management and similar discount programs are rate-access programs and may be in addition to any plan benefits. Discount and other similar health programs offered hereunder 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 hereunder. 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. Availability varies by plan. Call your broker for details.

¹ Offers good at participating centers and through Jenny Direct at home only. Additional cost for all food purchases.

² Additional weekly food discounts will grow throughout the year, based on active participation.

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.

Things you need to know to apply

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

- Between ages 50 and 64-3/4 (If applying as a couple, both you and your spouse or domestic partner must be under 64-3/4.)
- Under age 19 for eligible dependent* children; between ages 19 and 25 for unmarried eligible dependent children with proof of full-time student status
- Legal residents in a state with products offered by these plans
- Legal U.S. residents for at least 6 continuous months.

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 medical review, based on your health history.

Your coverage

Your coverage remains in effect as long as you pay the required premiums on time, and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums
- Residency requirements
- Obtaining duplicate coverage
- For other reasons permissible by law.

Medical underwriting requirements

AARP Essential Premier Health Insurance plans are not guaranteed issue plans and require medical underwriting, a review of your health history. Some individuals 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 level of coverage. We offer various levels of coverage based on the known health 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 rate (lowest rate available)
- Enrolled in your selected plan at a higher rate, based on medical findings
- Declined coverage, based on significant medical risk factors.

* 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:

- A natural child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the AARP member
- A relative of the AARP member by blood or marriage.

Duplicate coverage

If you are currently covered by another carrier, you must agree to discontinue the other similar coverage before or on the effective date of the plan.

Pre-existing conditions

During the first 12 months following your effective date of coverage, no coverage will be provided for the 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 prior to the effective date of health insurance coverage (the day your coverage begins).

** The applicant enrolling for Individual coverage is considered to have prior creditable coverage if the lapse between the prior coverage termination date and signature date on the 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. Plans are medically underwritten and all applicants must submit a completed application. If the applicant has prior creditable coverage within 63 days immediately before the signature date on the 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 include exclusions and limitations. You should refer to plan documents to determine which health care services are covered and to what extent.

Medical Limitations and Exclusions

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

Unless otherwise specified in covered services, dental work or treatment, 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.
- 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 kerotomy, 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 are not covered 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 on 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 regimens 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.

30-day right to review

Do not cancel your current insurance until you are notified you have been accepted for coverage. We'll review your application to determine if you meet underwriting requirements. If you are denied, you will be notified by mail. If approved, you will be sent an AARP Essential Premier Health Insurance contract and ID card. If, after reviewing the contract, you find you are not satisfied for any reason, simply return the contract to us within 30 days. We will refund any premium you have paid less the cost of any services paid on behalf of you or any covered dependent.

**Want a personalized
quote? Want to
apply?**

**Contact
your broker!**

AARP Health is a collection of health related products, services and insurance programs available through AARP. Neither AARP nor its affiliates are the insurer. AARP contracts with insurers to make coverage available to AARP members.

AARP does not make health care plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health care plan.

AARP endorses these plans. Aetna Life Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are for the general purposes of AARP and its members.

AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse individual agents.

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Investment services are independently offered. 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. Information subject to change.



Health

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