

Underwriting Guidelines



New Jersey

FOR BUSINESSES WITH
2 TO 50 ELIGIBLE EMPLOYEES

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Dental Inc. and/or Aetna Life Insurance Company (AETNA).

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	
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.
Case Submissions	<p>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.</p>
Dependent Eligibility	<ul style="list-style-type: none"> ▪ Eligible dependents include an employee's spouse, same sex civil union partner, and unmarried children up to the limiting age of the plan (age 19 or 23 if full-time student). If an employer offers coverage to an employee's spouse, then the employer must offer coverage to same sex civil union partner(s) of covered employees. ▪ In accordance with New Jersey PL 2005, c375, Aetna allows eligible dependent children, who have aged-out under the medical plan, the option to make written election for medical continuation to age 30. Premium for the medical continuation is based on a percentage of the single rate. ▪ Effective 7/10/04, at the option of the employer, Civil Unions are considered eligible dependents with State filed verification of Civil Unions status (i.e. copy of filed Certificate of Civil Unions) or Aetna's Declaration of Civil Unions. ▪ 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 work week 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. ▪ Retirees and members of Aetna's Medicare group plans are not eligible for Dental Plans V2, V3, V4, or V7. <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.
Employer Eligibility	<ul style="list-style-type: none"> ▪ Medical Plans can be offered to groups of 2-50 eligible employees. ▪ Organizations must not be formed solely for the purpose of obtaining health coverage. ▪ Medical plans can be offered to sole proprietorships with one or more eligible employees, partnerships or corporations. ▪ 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

	<p>certificate of fictitious name should be provided.</p> <ul style="list-style-type: none"> ▪ 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 with-holding. <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 ▪ IRS Form ES </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 ▪ IRS Form ES </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) <u>AND</u> ▪ State Business License reflecting SIC <p>Submit <u>all</u> applicable:</p> </td> <td style="width: 33%; vertical-align: top;"> <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) ▪ State Business License reflecting SIC </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 ▪ IRS Form ES 	<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 ▪ IRS Form ES 	<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) <u>AND</u> ▪ State Business License reflecting SIC <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) ▪ State Business License reflecting SIC
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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>Final Rates</p>	<p>Rating will be based on final enrollment based on information provided on enrollment forms.</p>						
<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. 						
<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 or 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 employees. May be written standalone or with ancillary coverage as noted in the following columns. 	<ul style="list-style-type: none"> 2 eligible employees - Options 2-7 available with Medical. Options V2, V3, V4 and V7 not available. 3 to 50 eligible employees - Options 2-7, V2, V3, V4 and V7 available with or without Medical. V2 cannot be offered stand alone. V2 may be offered with V4. Orthodontia coverage is available to dependent children only for groups with 10 or more eligible employees. 	<ul style="list-style-type: none"> 2 to 9 eligible employees if sold with Medical. 10 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 coverage. 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	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 must be offered on a full-replacement basis. No other employer-sponsored dental plan can be offered. 	Not applicable
Employer Contribution	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. For Options V2, V3, V4 and V7, employer contribution of less than 50% of the cost of employee-only coverage. Employee Pay All plans are permitted. 	<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	Medical	Basic Term Life and Packaged Life & Disability
<p>Out-of-State/Situs Employees</p> <ul style="list-style-type: none"> ■ Any employee located in CT, DE, MD, NJ, NY, PA, VA or DC but not residing in an Aetna HMO, POS and/or PPO network will be enrolled in a New Jersey Indemnity benefit plan. ■ Any active employee, who lives in a state other than within the group situs area (CT, DE, MD, NJ, NY, PA, VA and DC), is considered an out-of-state employee. ■ In order for Aetna to accommodate an out-of-state employee we must cover the active employees in the group situs area with 50% of the employees residing in the domiciled state. ■ For groups requesting coverage, no more than 50% of the employees may reside outside the region. Aetna will quote an out-of-state PPO or Indemnity plan for those employees. ■ For groups requesting benefits with more than 50% of the group's employees residing outside the region, Aetna may decline to offer coverage to those out-of-state employees. 	<p>Medical</p> <ul style="list-style-type: none"> ■ Employees who reside outside of CT, DE, MD, NJ, NY, PA, VA and DC 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. 	<p>Not applicable</p>
<p>Participation</p> <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, NJ Family Care, Medicaid or another group health benefits plan. In calculating participation, individuals with these types of other coverages must be counted as participating. Example: 22 lives, 2 covered under spouse (22 x 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. ■ Coverage can be denied based on inadequate participation. 	<p>Medical</p> <ul style="list-style-type: none"> ■ Options 2-7 for Groups with 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 eligibles; 1 covered under spouse dental plan (3 minus 1 = 2 x 100% = 2 must enroll in Aetna dental plan) ■ Options 2-7 for Groups with 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 eligibles; 2 covered under spouse dental plan (6 minus 2 = 4 x 75% = 3 must enroll in Aetna dental plan) Example 2: 5 eligibles; 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) ■ Options V2, V3, V4 and V7 for Groups with 3 to 50 eligible employees: <ul style="list-style-type: none"> > 25% participation, excluding those with other qualifying existing dental coverage or a minimum of 3 enrollees, whichever is greater is required. Employees may select coverage for eligible dependents under the dental plan even if they select single coverage on the medical plan or vice-versa. Example 1: 6 eligibles; 2 covered under spouse dental plan (6 minus 2 = 4 x 25% = 1; 1 is below the 3 enrollee minimum so 3 must enroll in Aetna dental plan V2, V3, V4 and V7 to meet minimum enrollment) Example 2: 20 eligibles; 2 covered under spouse dental plan (20 minus 2 = 18 x 25% = 4.5; 5 must enroll in Aetna dental plan V2, V3, V4 and V7) 	<p>Basic Term Life and Packaged Life & Disability</p> <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.

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<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> <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. 	<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. 	<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>	<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). 	<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>Bowling Centers</td><td>7933</td></tr> <tr><td>Business Associations</td><td>8611</td></tr> <tr><td>Dance Studios, Schools</td><td>7911</td></tr> <tr><td>Employment Agencies</td><td>7361-7363</td></tr> <tr><td>Misc. Amusement and Recreation</td><td>7999</td></tr> <tr><td>Misc. Membership Organizations</td><td>8699</td></tr> <tr><td>Misc. Services</td><td>8999</td></tr> <tr><td>Physical Fitness Facilities</td><td>7991</td></tr> <tr><td>Private Households</td><td>8811</td></tr> <tr><td>Professional Sports Clubs & Producers, Race Tracks</td><td>7941-7948</td></tr> <tr><td>Professional Membership Organizations, Labor Unions, Civic Social & Fraternal Organizations, Political Organizations</td><td>8621-8651</td></tr> <tr><td>Public Golf Courses, Amusements, Membership Sports & Recreation Clubs</td><td>7992-7997</td></tr> <tr><td>Religious Organizations</td><td>8661</td></tr> <tr><td>Theatrical Producers, Bands, Orchestras, Actors</td><td>7922-7929</td></tr> </tbody> </table>	SIC Description	SIC Range	Bowling Centers	7933	Business Associations	8611	Dance Studios, Schools	7911	Employment Agencies	7361-7363	Misc. Amusement and Recreation	7999	Misc. Membership Organizations	8699	Misc. Services	8999	Physical Fitness Facilities	7991	Private Households	8811	Professional Sports Clubs & Producers, Race Tracks	7941-7948	Professional Membership Organizations, Labor Unions, Civic Social & Fraternal Organizations, Political Organizations	8621-8651	Public Golf Courses, Amusements, Membership Sports & Recreation Clubs	7992-7997	Religious Organizations	8661	Theatrical Producers, Bands, Orchestras, Actors	7922-7929	<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: <table border="0"> <thead> <tr> <th>SIC Description</th> <th>SIC Range</th> </tr> </thead> <tbody> <tr><td>Mining</td><td>1000-1499</td></tr> <tr><td>Service - Detective Services</td><td>7381</td></tr> <tr><td>Explosives, Bombs & Pyrotechnics</td><td>2892-2899</td></tr> <tr><td>Automotive Repairs/ Services</td><td>7500-7599</td></tr> <tr><td>Asbestos Products</td><td>3291-3292</td></tr> <tr><td>Motion Picture/ Amusement</td><td>7800-7999</td></tr> <tr><td>Primary Metal Industries & Recreation</td><td>3310-3329</td></tr> <tr><td>Fire Arms & Ammunition</td><td>3480-3489</td></tr> <tr><td>Doctors Offices/Clinics</td><td>8010-8043</td></tr> <tr><td>Liquor Stores</td><td>5921</td></tr> <tr><td>Membership Associations</td><td>8600-8699</td></tr> <tr><td>Security Brokers</td><td>6211</td></tr> <tr><td>Service-Private Households</td><td>8800-8899</td></tr> <tr><td>Real Estate–Agents</td><td>6531</td></tr> <tr><td>Non-classified Establishments</td><td>9999</td></tr> </tbody> </table>	SIC Description	SIC Range	Mining	1000-1499	Service - Detective Services	7381	Explosives, Bombs & Pyrotechnics	2892-2899	Automotive Repairs/ Services	7500-7599	Asbestos Products	3291-3292	Motion Picture/ Amusement	7800-7999	Primary Metal Industries & Recreation	3310-3329	Fire Arms & Ammunition	3480-3489	Doctors Offices/Clinics	8010-8043	Liquor Stores	5921	Membership Associations	8600-8699	Security Brokers	6211	Service-Private Households	8800-8899	Real Estate–Agents	6531	Non-classified Establishments	9999
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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. 												
Product Packaging	<ul style="list-style-type: none"> ▪ For groups with 25+ employees, DMO (Option 2) cannot 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) cannot be sold with any other option. It must be the only plan sold. ▪ Consumer Directed DentalFund (Option 7) cannot be sold with any other dental option. It must be the only plan sold. ▪ V2 must be offered with V4. 												
Open Enrollment	<ul style="list-style-type: none"> ▪ Open enrollments are prohibited for Options 2-7, V2, V3, V4 and V7. ▪ 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	<p>Waiting Period is waived separately for Major or Ortho for employees who were covered by the group's immediately preceding dental plan. To request this waiver, submit the benefit summary, roster and bill from the previous 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> <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>												
Reinstatement	<p>For Options V2-V4 and V7, members who were once enrolled then terminated their coverage by discontinuing their contributions may not re-enroll for a period of 24 months. All coverage rules will apply from the new effective date including, but not limited to, the Coverage Waiting Period.</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											
Managers/Supervisors	\$20,000	Medium Option											
All Other Employees	\$10,000	Low Option											
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. 												

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.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health benefits and health insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Programs provide access to discounted prices and are NOT insured benefits. PlanForYourHealth is a public education program from Aetna and The Financial Planning Association. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features 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.

Information is subject to change.