

NYC Community PlanSM

New York



**For Businesses
with 2 – 50 Eligible
Employees**

Available for residents who
live or work and access
health care in the five
boroughs of New York City

Plans effective December 1, 2007

Health benefit plans are underwritten by
Aetna Health Inc. and Aetna Health Insurance
Company of New York (together, "Aetna")

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We want you to know[®]



Aetna is making health care more accessible for New York City

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NYC Community Plan

The NYC Community Plan provides comprehensive benefit options and a community-based network to make health care benefits more affordable and accessible. This plan is specifically designed and available for residents who live or work and access health care in the five boroughs of New York City: Manhattan, Bronx, Queens, Staten Island and Brooklyn.

Plan highlights

- **Competitive premium** for the NYC Community Plan allows more employers to afford health care coverage for their employees.
- **Copays are not required for preventive care** (includes routine physicals, screenings and immunizations, well child and well woman visits).

- **A local network of physicians** who work in the communities and understand cultural preferences.
- Our **wellness programs** offer additional features to complement the medical coverage including substantial savings on products and educational materials to help keep members healthy.
- **Access made easy.** A wealth of online information and resources help members navigate the health care system and make more informed decisions about health care.



more affordable and communities

Competitive premiums and plan benefits

The NYC Community Plan offers lower premiums, no copays for preventive care and 100% coverage after applicable copays for most professional services. These features help remove financial barriers to accessing health care. No copays for preventive care also helps encourage early detection and prevention of many ailments.

Local network and service

The NYC Community Plan includes physicians who work in the communities of New York City, so they are not only accessible, but they may better understand the cultural preferences, needs and prevalent health conditions of diverse communities. Our multilingual sales and service teams help deliver high quality support and customer service. These local teams are trained specifically on the NYC Community Plan and are familiar with the cultural needs of the communities of New York.

Wellness programs

In addition to tools and resources, Aetna offers support by providing industry-leading clinical and disease management programs. The wellness programs provide information, support, and in some cases, discounts on healthy living and fitness programs for members. Many of our tools and marketing collateral for these programs are available in Spanish.

Online information and resources

Our online information and resources make it easier for members to navigate the health care system. Some of Aetna's industry-leading tools and information that help members make informed decisions about their health care benefits and options include Aetna Navigator, DocFind and our Hospital Comparison Tool.

To find out which doctors, hospitals and other health care professionals are in the network, visit www.docfind.com, which is available in both English and Spanish.



Informed Health Line

Aetna's 24-hour toll-free telephone line provides access to a team of experienced registered nurses who can provide information on a variety of health issues – speaking both English and Spanish.

Contact Us

On Aetna's self-service website for online health and benefits-related information, members can submit questions electronically and receive responses in their native language.

Cultural Competency Training

Studies show that racial and ethnic minorities receive lower-quality health care than non-minorities even when insurance status, income, age and severity of conditions are comparable. Recognizing the critical needs for its own staff, as well as network providers to be culturally competent, Aetna initiated a cultural competency training program in 2003.

Aetna has a long history of success in addressing community needs.

We are leaders in advancing racial and ethnic equality in health care, and we are working with local organizations and investing financial and volunteer resources to improve the lives of diverse communities everywhere.

- For the second consecutive year, Aetna has been honored by the National Committee for Quality Assurance, this time as the only national health insurer to receive the Recognizing Innovation in Multicultural Health Care Award. This distinction acknowledges our ongoing efforts to use the power of information to reduce racial, ethnic and linguistic disparities in health care.
- Aetna has not only provided financial support to programs that address disparities in health care through the Aetna Foundation, but Aetna also volunteers with many organizations to help improve the communities of New York City. We also collaborate with many organizations that represent the dynamic cultures of the diverse communities within New York City.

Aetna understands the health care needs of New York City communities

We understand that one size does not fit all, and we are sensitive to distinct cultural needs within communities.

- Aetna's wellness programs offer culturally appropriate outreach and support.
- Our plans are bridging language gaps by including multilingual providers, Aetna sales and service staff, and plan and program materials.
- We provide cultural competency training and seminars for employees and providers. In fact, more than 95% of Aetna's clinical staff have completed the training. The online training and courses Aetna offers to participating providers and their office staff help increase awareness of distinct cultural needs among diverse communities, leading to better health outcomes.

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- **Aetna helps members achieve and maintain optimal health.**
 - **Aetna helps mitigate rising health care cost trends for business owners.**
 - **Aetna helps doctors and patients identify and address conditions sooner, resulting in better outcomes.**

By increasing access and encouraging utilization of Aetna's wellness programs and preventive care, we are helping the communities of New York City maintain and achieve optimal health.

- Regular and preventive care helps members achieve and maintain optimal health. Evidence suggests that having access to a usual source of care is important for prevention and for prompt treatment of illness and injury, produces better health outcomes, reduced disparities, and reduced costs.*
- Research has shown that with access to timely and effective preventive care, patients are often able to prevent such illnesses, control acute episodes or manage chronic conditions to avoid hospitalizations for conditions such as immunizable conditions, asthma, malignant hypertension, or complications of diabetes.**
- Costs associated with preventive care are often significantly less than the cost of curing avoidable conditions, which helps mitigate rising health care cost trends for business owners.
- Regular and preventive care can help doctors and patients identify and address conditions sooner, resulting in better outcomes.

* The Robert Graham Center

** National Center for Health Statistics, October, 2006

NYC Community Plan Features

NYC Community PlanSM

The plan is specifically designed for residents who live or work and access health care in the five boroughs of New York City. The NYC Community Plan is an in-network only plan that has two in-network levels of benefits - Referred Benefits and Self-Referred Benefits.

Members access care through NYC Community Plan Primary Care Physicians

With this health benefits plan, members begin by selecting a NYC Community Plan Primary Care Physician (PCP) from the NYC Community Plan's Referred participating providers. Members select a PCP who will coordinate their health care needs for covered benefits or services. Each covered dependent of the member's family may choose his or her own NYC Community Plan PCP.

The NYC Community Plan Referred Benefits:

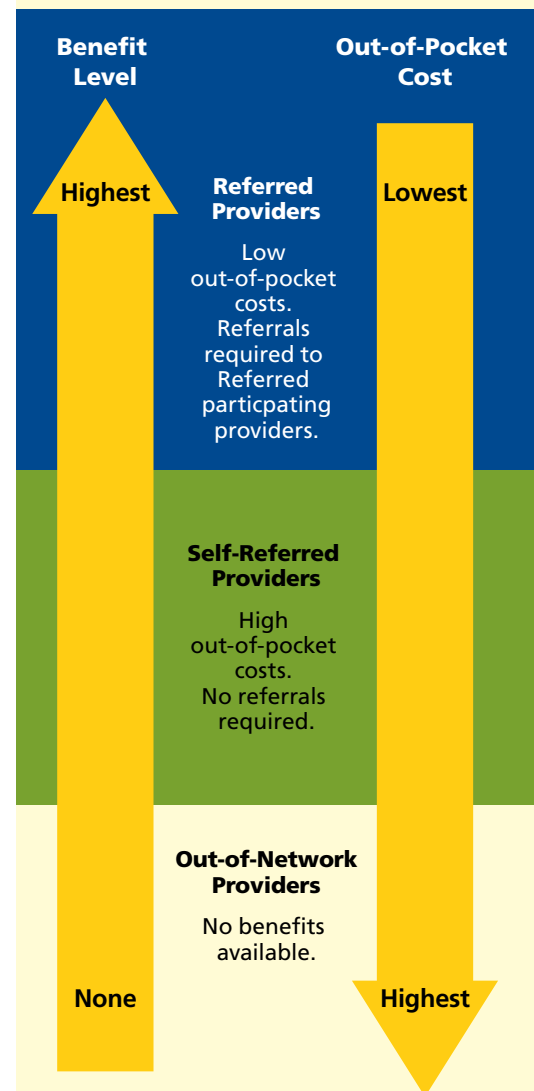
- Member's PCP coordinates his or her covered health care services.
- Referrals are required for services not rendered by the member's PCP; no benefits are payable without a referral.
- Benefits include low out-of-pocket costs with no lifetime dollar maximum limitations.
- No copay for routine and preventive care services to encourage early detection and prevention of many ailments.
- No claim forms.

The NYC Community Plan Self-Referred Benefits:

- Members may use the plan's Self-Referred participating providers without referrals from their PCPs.
- Member out-of-pocket costs are significantly higher when using Self-Referred participating providers.
 - > Members share the cost of care through deductible and coinsurance amounts including lifetime dollar maximum limitations.



NYC Community Plan



Please refer to Aetna DocFind NYC Community Plan for a list of participating Referred and Self-Referred providers.

Plan Options

The NYC Community Plan offers four different plan options to provide flexibility and choices to best suit the needs of small businesses:

- NYC Community Plan 1D-07
- NYC Community Plan 2-07
- NYC Community Plan 3D-07
- NYC Community Plan 4-07

These plan designs range from basic medical coverage to more comprehensive medical benefits. The plan designs also include coverage options for prescription drugs.

Depending upon the medical plan, members will either have a two tier copay/coinsurance prescription drug plan or a discount card which allows members to get prescriptions at Aetna's discounted rates.

The following pages provide an overview of the benefits and pharmacy options for each of the four plans. After reviewing the plans, if you have any questions or need more information, please call your broker, Aetna representative or visit www.aetnaNYCplan.com.

Glossary

Plan Coinsurance

The percentage dollar amount of covered health care services that a member must pay for care after satisfying the calendar year deductible.

Calendar Year Deductible

The amount of covered health care services that a member pays each calendar year before benefits are paid.

Calendar Year Out-of-Pocket Maximum

The limit on the amount of coinsurance a member is required to pay for covered health care services in a calendar year.

Lifetime Maximum

The maximum dollar amount that will be paid for a member in his or her lifetime for covered health care services.

Primary Care Physician

A general practice, internal medicine or pediatric physician who participates in the health plan's network and serves as the member's main point of contact for medical care and initiates referrals for specialty care.

Specialist

A physician who provides medical care in a medical or surgical specialty or subspecialty. For example, an allergist, dermatologist, or OB/GYN.

Preventive Care

Routine health care services that help maintain good health and are meant to detect early signs of disease.

Outpatient Services

Medical care provided in an outpatient hospital setting or free-standing facility which doesn't require an overnight stay(s).

Inpatient Hospital Services

Health care services provided to a member while in a hospital facility which require an overnight stay(s).

Outpatient Surgery

Operation performed in an outpatient hospital setting or free-standing facility to treat an illness or injury without an overnight stay.

**Emergency Room**

Department of a hospital in which members seek care for a serious medical condition resulting from an injury or illness that arises suddenly and requires immediate medical attention.

Urgent Care Facility

A free-standing medical facility which provides treatment for an unexpected illness or injury that is not life threatening, but requires immediate medical care during times when a member's physician is not reasonably available.

Inpatient Mental Health

Inpatient hospital care to treat conditions which are psychological or behavioral in nature.

Inpatient Substance Abuse

Inpatient hospital care to eliminate dependence on or abuse of legal and/or illegal chemical substances.

Chiropractic Services

The diagnosis, treatment, and prevention of illness without the use of prescription drugs or invasive surgery. Services received from licensed medical professionals that include spinal manipulation and related therapeutic services.

Outpatient Physical, Occupational and Speech Therapy

Medical services received from a physician or licensed or certified physical, occupational or speech therapist to improve or restore body function resulting from an injury, disease or congenital defect.

Durable Medical Equipment

A piece of medical equipment, such as a wheelchair, that can be used repeatedly, primarily serves a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use at home.

Glasses and Contact Lenses Reimbursement

Flat dollar payment to the member for covered glasses and contact lenses.

Aetna Vision Discounts™

Network of providers who help members save money on many eye care products, including eyeglasses and contact lenses, nonprescription sunglasses, contact lens solutions and accessories.

Prescription Drugs

Drugs and medicines which have been approved by the FDA to treat a specified disease and illness and must be obtained with a physician's prescription.

Retail Pharmacy

A contracted community pharmacy which provides covered outpatient prescription drugs to members.

Mail Order Pharmacy

A contracted pharmacy which provides covered outpatient prescription drugs or medicines, and insulin, by mail or other carrier.

Prescription Drug Calendar Year Maximum

The greatest dollar amount of covered benefits a member may receive for prescription drugs in a calendar year.

Aetna NYC Community Plan™ Options*

PLAN OPTIONS	NYC Community Plan 1D-07		NYC Community Plan 2-07	
MEMBER BENEFITS	Referred	Self-Referred	Referred	Self-Referred
Plan Coinsurance	Not Applicable	30% after deductible	Not Applicable	30% after deductible
Calendar Year Deductible**	Not Applicable	\$5,000 Individual \$15,000 Family	Not Applicable	\$5,000 Individual \$15,000 Family
Calendar Year Out-of-Pocket Maximum**	Not Applicable	\$20,000 Individual \$60,000 Family	Not Applicable	\$20,000 Individual \$60,000 Family
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Primary Care Physician Office Visit	\$20 copay	30% after deductible	\$30 copay	30% after deductible
Specialist Office Visit	\$40 copay	30% after deductible	\$50 copay	30% after deductible
Preventive Care				
Well-Child Exams <i>Age/Frequency Schedules apply</i>	\$0 copay	0%; deductible waived	\$0 copay	0%; deductible waived
Immunizations	\$0 copay	0%; deductible waived	\$0 copay	0%; deductible waived
Adult Physicals, Routine GYN, Routine Mammograms and Routine DRE/PSA <i>Age/Frequency Schedules apply</i>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
Routine Vision Exams	\$0 copay	30% after deductible	\$0 copay	30% after deductible
		One exam every 24 months; Referred and Self-Referred combined		One exam every 24 months; Referred and Self-Referred combined
Outpatient Services <i>Lab and X-Ray</i>	\$40 copay	30% after deductible	\$50 copay	30% after deductible
Inpatient Hospital	\$750 copay per admission	30% after deductible	\$1,000 copay per admission	30% after deductible
Outpatient Surgery	\$150 copay	30% after deductible	\$150 copay	30% after deductible
Emergency Room <i>Copay waived if admitted</i>	\$150 copay	Paid as Referred	\$150 copay	Paid as Referred
Urgent Care	\$35 copay	30% after deductible	\$35 copay	30% after deductible
Inpatient Mental Health	\$750 copay per admission	30% after deductible	\$1,000 copay per admission	30% after deductible
		<i>Biologically Based/Children with Serious Emotional Disturbances - Unlimited days per calendar year Other than Biologically Based/Children with Serious Emotional Disturbances - Maximum of 30 combined days per calendar year; Referred and Self-Referred combined</i>		<i>Biologically Based/Children with Serious Emotional Disturbances - Unlimited days per calendar year Other than Biologically Based/Children with Serious Emotional Disturbances - Maximum of 30 combined days per calendar year; Referred and Self-Referred combined</i>
Inpatient Substance Abuse	\$750 copay per admission	30% after deductible	\$1,000 copay per admission	30% after deductible
		<i>Detox - Maximum of 7 days per calendar year; Referred and Self-Referred combined Rehab - Maximum of 30 days per calendar year; Referred and Self-Referred combined</i>		<i>Detox - Maximum of 7 days per calendar year; Referred and Self-Referred combined Rehab - Maximum of 30 days per calendar year; Referred and Self-Referred combined</i>
Chiropractic Services	\$40 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Physical, Occupational and Speech Therapy	\$40 copay	30% after deductible	\$50 copay	30% after deductible
		Limited to 20 combined visits per calendar year; Referred and Self-Referred combined		Limited to 20 combined visits per calendar year; Referred and Self-Referred combined
Durable Medical Equipment	50%	50% after deductible	50%	50% after deductible
		\$2,500 calendar year maximum; Referred and Self-Referred combined		\$2,500 calendar year maximum; Referred and Self-Referred combined
Glasses and Contact Lens Reimbursement	Not Covered		Not Covered	
Aetna Vision Discounts™	Included		Included	
PRESCRIPTION DRUGS††	Participating Pharmacies	Non-Participating Pharmacies	Participating Pharmacies	Non-Participating Pharmacies
Retail: Up to a 30-day supply	\$15 / 50%	Not Covered	No Prescription Drug Benefit - Discount RX Card Only	Not Covered
Mail Order: 31 - 90 day supply	\$30 / 50%	Not Covered	Not Covered	Not Covered
Prescription Drug Calendar Year Maximum	\$3,000 Individual	Not Covered	Not Applicable	Not Covered

* This is a partial description of plans and benefits available; for more information, refer to the specific plan design summary. The dollar amount and percentage copayments indicate what the member is required to pay.

** All covered expenses accumulate separately toward the Referred and Self-Referred Deductible and Out-of-Pocket Maximum; only those out-of-pocket expenses resulting from the application of coinsurance percentage may be used to satisfy the Out-of-Pocket Maximum; and certain services may not apply toward the Deductible and Out-of-Pocket Maximum.

†† 90-Day Transition of Coverage (TOC) for Prior Authorization and Step Therapy included. Transition of Coverage for Prior Authorizations and Step Therapy helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time Prior Authorization and Step Therapy requirements will not apply to certain drugs. Once the 90 calendar days has expired, Prior Authorization and Step Therapy edits will apply to all drugs requiring Prior Authorization and Step Therapy as listed in the formulary guide. Members, who have claims paid for a drug requiring Prior Authorization and Step Therapy during the Transition of Coverage period, may continue to receive this drug after the 90 calendar days, and will not be required to obtain a Prior Authorization or approval for a medical exception for this drug.

Aetna NYC Community Plan™ Options*

PLAN OPTIONS	NYC Community Plan 3D-07		NYC Community Plan 4-07	
MEMBER BENEFITS	Referred	Self-Referred	Referred	Self-Referred
Plan Coinsurance	Not Applicable	30% after deductible	Not Applicable	30% after deductible
Calendar Year Deductible**	Not Applicable	\$5,000 Individual \$15,000 Family	Not Applicable	\$5,000 Individual \$15,000 Family
Calendar Year Out-of-Pocket Maximum**	Not Applicable	\$20,000 Individual \$60,000 Family	Not Applicable	\$20,000 Individual \$60,000 Family
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Primary Care Physician Office Visit	\$20 copay	30% after deductible	\$30 copay	30% after deductible
Specialist Office Visit	\$40 copay	30% after deductible	\$50 copay	30% after deductible
Preventive Care				
Well-Child Exams <i>Age/Frequency Schedules apply</i>	\$0 copay	0%; deductible waived	\$0 copay	0%; deductible waived
Immunizations	\$0 copay	0%; deductible waived	\$0 copay	0%; deductible waived
Adult Physicals, Routine GYN, Routine Mammograms and Routine DRE/PSA <i>Age/Frequency Schedules apply</i>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
Routine Vision Exams	Not Covered		Not Covered	
Outpatient Services <i>Lab and X-Ray</i>	\$40 copay	30% after deductible	\$50 copay	30% after deductible
Inpatient Hospital	\$750 copay per admission	30% after deductible	\$1,000 copay per admission	30% after deductible
Outpatient Surgery	\$150 copay	30% after deductible	\$150 copay	30% after deductible
Emergency Room Copay waived if admitted	\$150 copay	Paid as Referred	\$150 copay	Paid as Referred
Urgent Care	\$35 copay	30% after deductible	\$35 copay	30% after deductible
Inpatient Mental Health	\$750 copay per admission	30% after deductible	\$1,000 copay per admission	30% after deductible
	Maximum of 30 combined days per calendar year for Biologically Based /Children with Serious Emotional Disturbances and Other than Biologically Based/Children with Serious Emotional Disturbances; Referred and Self-Referred combined		Maximum of 30 combined days per calendar year for Biologically Based /Children with Serious Emotional Disturbances and Other than Biologically Based/Children with Serious Emotional Disturbances; Referred and Self-Referred combined	
Inpatient Substance Abuse	Not Covered		Not Covered	
Chiropractic Services	\$40 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Physical, Occupational and Speech Therapy	Not Covered		Not Covered	
Durable Medical Equipment	Not Covered		Not Covered	
Glasses and Contact Lens Reimbursement	Not Covered		Not Covered	
Aetna Vision Discounts™	Included		Included	
PRESCRIPTION DRUGS††	Participating Pharmacies	Non-Participating Pharmacies	Participating Pharmacies	Non-Participating Pharmacies
Retail: Up to a 30-day supply	\$15 / 50%	Not Covered	No Prescription Drug Benefit - Discount RX Card Only	Not Covered
Mail Order: 31 - 90 day supply	\$30 / 50%	Not Covered	Not Covered	Not Covered
Prescription Drug Calendar Year Maximum	\$3,000 Individual	Not Covered	Not Applicable	Not Covered

* This is a partial description of plans and benefits available; for more information, refer to the specific plan design summary. The dollar amount and percentage copayments indicate what the member is required to pay.

** All covered expenses accumulate separately toward the Referred and Self-Referred Deductible and Out-of-Pocket Maximum; only those out-of-pocket expenses resulting from the application of coinsurance percentage may be used to satisfy the Out-of-Pocket Maximum; and certain services may not apply toward the Deductible and Out-of-Pocket Maximum.

†† 90-Day Transition of Coverage (TOC) for Prior Authorization and Step Therapy included. Transition of Coverage for Prior Authorizations and Step Therapy helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time Prior Authorization and Step Therapy requirements will not apply to certain drugs. Once the 90 calendar days has expired, Prior Authorization and Step Therapy edits will apply to all drugs requiring Prior Authorization and Step Therapy as listed in the formulary guide. Members, who have claims paid for a drug requiring Prior Authorization and Step Therapy during the Transition of Coverage period, may continue to receive this drug after the 90 calendar days, and will not be required to obtain a Prior Authorization or approval for a medical exception for this drug.

NOTE: For a summary list of Limitations and Exclusions, refer to page 9.

Limitations and Exclusions

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents.
- Charges related to any eye surgery mainly to correct refractive errors.
- Cosmetic surgery, other than reconstructive surgery following a mastectomy.
- Custodial care.
- Dental care and x-rays, other than treatment of sound natural teeth due to an accidental injury within 12 months following the injury or care needed to repair congenital defects or anomalies.
- Donor egg retrieval.
- Experimental and investigational procedures, except in connection with certain types of clinical trials.
- Hearing aids.
- Nonmedically necessary services or supplies.
- Orthotics.
- Over-the-counter medications and supplies.

- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs, unless medically necessary.
- Treatment of those services for or related to treatment of obesity or for diet or weight control, unless medically necessary.

Pre-Existing Conditions Exclusion Provision

This plan imposes a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received or for which the individual took prescribed drugs within 6 months.

Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6 month period ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 12 months from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period.

If you had prior credible coverage within 63 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 63 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 63 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing exclusion.

In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any Certificates of Creditable Coverage you have. Please contact your Aetna Member Services representative at 1-888-702-3862 if you need assistance in obtaining a Certificate of Creditable Coverage from your prior carrier or if you have any questions on the information noted above.

The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption or placement for adoption. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment; the pre-existing exclusion will be applied from the individual's effective date of coverage.



Visit www.aetnaNYCplan.com
for more information.

For more information about
Aetna's small business
solutions, please contact
us at 1-888-277-1053
or visit us on the web at
www.aetnaNYCplan.com.

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. 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. 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.