

Steve Shorr Insurance  
1027 W. 11<sup>th</sup> Street # 3  
San Pedro, CA 90731



310.519.1335  
310.519.1359 FAX  
Steves@SteveShorr.com

**Aetna Advantage Plans**

~~Attn: Unit 212  
PO Box 730  
Blue Bell, PA 19422~~

# Fillable Application

Dear Sir or Madam:

Thank you for your interest in the Aetna Advantage Plans for Individuals and Families. The enclosed materials have been designed to provide additional information on our HIPAA (Health Insurance Portability and Accountability Act) plan. The premium rates and plan designs are provided in this package to assist in your decision.

Please **check the plan of your choice** and return this letter with your completed coverage form.

- MANAGED CHOICE OPEN ACCESS 3500**
- MANAGED CHOICE OPEN ACCESS VALUE 2500**

Carefully read the instruction accompanying each payment option. One (1) form of payment must be selected to avoid a delay in processing time.

Send your completed coverage form and cover letter with plan choice to:

<del>Aetna Advantage Plans</del>	Email to <a href="mailto:Steve@SteveShorr.com">Steve@SteveShorr.com</a>
<del>Attn: Unit 212</del>	Fax to 310.519.1359 (Press send immediately)
<del>PO Box 730</del>	If all else fails, Fax direct to Aetna
<del>Blue Bell, PA 19422</del>	860.975.1253

If you have any questions, please feel free to contact Aetna at 1-888-438-8581.

Sincerely,

Aetna Individual Billing

Enclosures

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna Advantage Plans for Individuals and Families are offered by Aetna Life Insurance Company.

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

## CALIFORNIA

## Application

Aetna Advantage Plans for Individuals, Families and the Self-Employed/HIPAA Monthly Rates, **Effective 4/1/11**  
Aetna Open Access® **Managed Choice® 3500**

Your premium payments: Your premium rate is guaranteed for the initial six months of your policy provided that there are no changes to your policy, including your area of residence, benefit plan or addition of dependents. However, if there is a change in law or regulation or a judicial decision that has an impact on the cost of providing your covered benefits under your policy, we reserve the right to change your premium rate during this guarantee period.

The Aetna Performance Network® features Aexcel designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ENT, Neurology, Neurosurgery, Plastic Surgery, Urology, and Vascular Surgery. **Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You'll find them by looking for the star next to the doctors' names at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

AREA 1	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba	<15	\$316.13	\$608.19	\$892.04
	15-29	\$446.48	\$904.31	\$1,362.70
	30-34	\$559.21	\$1,037.42	\$1,627.83
	35-39	\$623.39	\$1,134.33	\$1,729.88
	40-44	\$673.62	\$1,257.53	\$1,767.35
	45-49	\$721.40	\$1,415.33	\$1,930.61
	50-54	\$888.61	\$1,686.68	\$2,177.30
	55-59	\$1,045.60	\$1,976.76	\$2,398.92
	60-64	\$1,045.60	\$1,976.76	\$2,398.92
	65-69	\$1,495.20	\$2,647.41	\$3,253.20
70-74	\$1,575.86	\$2,790.01	\$3,429.92	
>74	\$1,669.87	\$2,954.64	\$3,632.39	
AREA 2	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus	<15	\$285.99	\$566.38	\$883.89
	15-29	\$389.33	\$801.36	\$1,238.79
	30-34	\$475.37	\$911.11	\$1,487.15
	35-39	\$523.07	\$999.40	\$1,543.81
	40-44	\$575.22	\$1,103.65	\$1,573.36
	45-49	\$618.83	\$1,222.88	\$1,669.75
	50-54	\$745.27	\$1,459.75	\$1,873.75
	55-59	\$868.93	\$1,680.14	\$1,998.09
	60-64	\$868.93	\$1,680.14	\$1,998.09
	65-69	\$1,341.25	\$2,392.23	\$2,995.23
70-74	\$1,414.51	\$2,522.24	\$3,161.23	
>74	\$1,499.59	\$2,669.67	\$3,346.44	
AREA 3	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara	<15	\$296.07	\$562.05	\$888.95
	15-29	\$396.08	\$810.41	\$1,284.05
	30-34	\$490.66	\$941.38	\$1,502.80
	35-39	\$538.54	\$1,025.36	\$1,554.55
	40-44	\$590.53	\$1,125.06	\$1,623.53
	45-49	\$637.76	\$1,198.23	\$1,694.22
	50-54	\$768.44	\$1,426.60	\$1,893.67
	55-59	\$893.10	\$1,636.72	\$2,024.95
	60-64	\$893.10	\$1,636.72	\$2,024.95
	65-69	\$1,376.09	\$2,375.21	\$3,069.19
70-74	\$1,450.05	\$2,501.94	\$3,236.61	
>74	\$1,535.86	\$2,645.33	\$3,423.02	

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# CALIFORNIA Application

Aetna Advantage Plans for Individuals, Families and the Self-Employed/HIPAA Monthly Rates, **Effective 4/1/11**

Aetna Open Access® Managed Choice® **3500**

Your premium payments: Your premium rate is guaranteed for the initial six months of your policy provided that there are no changes to your policy, including your area of residence, benefit plan or addition of dependents. However, if there is a change in law or regulation or a judicial decision that has an impact on the cost of providing your covered benefits under your policy, we reserve the right to change your premium rate during this guarantee period.

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AREA 4	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Orange, Santa Barbara, Ventura	<15	\$270.09	\$531.20	\$861.22
	15-29	\$373.17	\$767.28	\$1,225.02
	30-34	\$454.14	\$880.05	\$1,410.36
	35-39	\$497.90	\$951.99	\$1,465.10
	40-44	\$552.50	\$1,048.80	\$1,494.19
	45-49	\$591.96	\$1,182.16	\$1,587.44
	50-54	\$708.85	\$1,430.96	\$1,792.85
	55-59	\$826.83	\$1,647.12	\$1,919.42
	60-64	\$826.83	\$1,647.12	\$1,919.42
	65-69	\$1,288.73	\$2,286.93	\$2,866.93
70-74	\$1,357.97	\$2,411.04	\$3,023.02	
>74	\$1,438.63	\$2,558.26	\$3,207.51	
AREA 5	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Los Angeles	<15	\$279.03	\$528.45	\$873.44
	15-29	\$379.67	\$781.01	\$1,272.45
	30-34	\$467.38	\$895.72	\$1,451.21
	35-39	\$514.61	\$983.55	\$1,499.63
	40-44	\$563.83	\$1,086.06	\$1,549.41
	45-49	\$608.59	\$1,186.72	\$1,631.95
	50-54	\$732.74	\$1,401.06	\$1,826.68
	55-59	\$854.57	\$1,610.78	\$1,946.36
	60-64	\$854.57	\$1,610.78	\$1,946.36
	65-69	\$1,330.93	\$2,303.05	\$2,928.60
70-74	\$1,402.46	\$2,428.06	\$3,088.08	
>74	\$1,485.72	\$2,576.59	\$3,276.80	
AREA 6	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Riverside, San Bernardino, San Diego	<15	\$266.97	\$513.64	\$827.86
	15-29	\$365.36	\$741.80	\$1,224.25
	30-34	\$443.07	\$853.70	\$1,399.22
	35-39	\$486.71	\$938.00	\$1,435.73
	40-44	\$538.61	\$1,035.12	\$1,479.60
	45-49	\$578.63	\$1,119.08	\$1,560.63
	50-54	\$692.85	\$1,327.55	\$1,731.91
	55-59	\$806.52	\$1,507.47	\$1,850.19
	60-64	\$806.52	\$1,507.47	\$1,850.19
	65-69	\$1,279.63	\$2,221.92	\$2,836.55
70-74	\$1,348.44	\$2,342.69	\$2,991.23	
>74	\$1,428.50	\$2,486.35	\$3,174.47	

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# CALIFORNIA Application

Aetna Advantage Plans for Individuals, Families and the Self-Employed/HIPAA Monthly Rates, Effective 4/1/11  
Aetna Open Access® Managed Choice® Value 2500

Your premium payments: Your premium rate is guaranteed for the initial six months of your policy provided that there are no changes to your policy, including your area of residence, benefit plan or addition of dependents. However, if there is a change in law or regulation or a judicial decision that has an impact on the cost of providing your covered benefits under your policy, we reserve the right to change your premium rate during this guarantee period.

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AREA 1	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba	<15	\$300.32	\$577.78	\$847.44
	15-29	\$424.16	\$859.09	\$1,294.57
	30-34	\$531.25	\$985.55	\$1,546.44
	35-39	\$592.22	\$1,077.61	\$1,643.39
	40-44	\$639.94	\$1,194.65	\$1,678.98
	45-49	\$685.33	\$1,344.56	\$1,834.08
	50-54	\$844.18	\$1,602.35	\$2,068.44
	55-59	\$993.32	\$1,877.92	\$2,278.97
	60-64	\$993.32	\$1,877.92	\$2,278.97
	65-69	\$1,420.44	\$2,515.04	\$3,090.54
70-74	\$1,497.07	\$2,650.51	\$3,258.42	
>74	\$1,586.38	\$2,806.91	\$3,450.77	
AREA 2	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus	<15	\$271.69	\$538.06	\$839.70
	15-29	\$369.86	\$761.29	\$1,176.85
	30-34	\$451.60	\$865.55	\$1,412.79
	35-39	\$496.92	\$949.43	\$1,466.62
	40-44	\$546.46	\$1,048.47	\$1,494.69
	45-49	\$587.89	\$1,161.74	\$1,586.26
	50-54	\$708.01	\$1,386.76	\$1,780.06
	55-59	\$825.48	\$1,596.13	\$1,898.19
	60-64	\$825.48	\$1,596.13	\$1,898.19
	65-69	\$1,274.19	\$2,272.62	\$2,845.47
70-74	\$1,343.78	\$2,396.13	\$3,003.17	
>74	\$1,424.61	\$2,536.19	\$3,179.12	
AREA 3	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara	<15	\$281.27	\$533.95	\$844.50
	15-29	\$376.28	\$769.89	\$1,219.85
	30-34	\$466.13	\$894.31	\$1,427.66
	35-39	\$511.61	\$974.09	\$1,476.82
	40-44	\$561.00	\$1,068.81	\$1,542.35
	45-49	\$605.87	\$1,138.32	\$1,609.51
	50-54	\$730.02	\$1,355.27	\$1,798.99
	55-59	\$848.45	\$1,554.88	\$1,923.70
	60-64	\$848.45	\$1,554.88	\$1,923.70
	65-69	\$1,307.29	\$2,256.45	\$2,915.73
70-74	\$1,377.55	\$2,376.84	\$3,074.78	
>74	\$1,459.07	\$2,513.06	\$3,251.87	

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AREA 4	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Orange, Santa Barbara, Ventura	<15	\$256.59	\$504.64	\$818.16
	15-29	\$354.51	\$728.92	\$1,163.77
	30-34	\$431.43	\$836.05	\$1,339.84
	35-39	\$473.01	\$904.39	\$1,391.85
	40-44	\$524.88	\$996.36	\$1,419.48
	45-49	\$562.36	\$1,123.05	\$1,508.07
	50-54	\$673.41	\$1,359.41	\$1,703.21
	55-59	\$785.49	\$1,564.76	\$1,823.45
	60-64	\$785.49	\$1,564.76	\$1,823.45
	65-69	\$1,224.29	\$2,172.58	\$2,723.58
70-74	\$1,290.07	\$2,290.49	\$2,871.87	
>74	\$1,366.70	\$2,430.35	\$3,047.13	
AREA 5	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Los Angeles	<15	\$265.08	\$502.03	\$829.77
	15-29	\$360.69	\$741.96	\$1,208.83
	30-34	\$444.01	\$850.93	\$1,378.65
	35-39	\$488.88	\$934.37	\$1,424.65
	40-44	\$535.64	\$1,031.76	\$1,471.94
	45-49	\$578.16	\$1,127.38	\$1,550.35
	50-54	\$696.10	\$1,331.01	\$1,735.35
	55-59	\$811.84	\$1,530.24	\$1,849.04
	60-64	\$811.84	\$1,530.24	\$1,849.04
	65-69	\$1,264.38	\$2,187.90	\$2,782.17
70-74	\$1,332.34	\$2,306.66	\$2,933.68	
>74	\$1,411.43	\$2,447.76	\$3,112.96	
AREA 6	Age	Subscriber	Subscriber plus 1 dep	Subscriber plus 2 or more dep
Riverside, San Bernardino, San Diego	<15	\$253.62	\$487.96	\$786.47
	15-29	\$347.09	\$704.71	\$1,163.04
	30-34	\$420.92	\$811.02	\$1,329.26
	35-39	\$462.37	\$891.10	\$1,363.94
	40-44	\$511.68	\$983.36	\$1,405.62
	45-49	\$549.70	\$1,063.13	\$1,482.60
	50-54	\$658.21	\$1,261.17	\$1,645.31
	55-59	\$766.19	\$1,432.10	\$1,757.68
	60-64	\$766.19	\$1,432.10	\$1,757.68
	65-69	\$1,215.65	\$2,110.82	\$2,694.72
70-74	\$1,281.02	\$2,225.56	\$2,841.67	
>74	\$1,357.08	\$2,362.03	\$3,015.75	

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# MANAGED CHOICE OPEN ACCESS **3500**

## CALIFORNIA

### AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network*
<b>Deductible</b>		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
<b>Coinsurance</b> (Member's responsibility)	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Coinsurance Maximum</b>		
Individual	\$4,000	\$5,500
Family	\$8,000	\$11,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	<i>Includes deductible</i>	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$35 copay deductible waived	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	\$50 copay deductible waived	50% after deductible
<b>Hospital Admission</b>	30% after deductible	50% after deductible
<b>Outpatient Surgery</b>	30% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
<b>Annual Routine Gyn Exam</b> <i>No waiting period</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>No waiting period</i>	\$0 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray</b> (Non-Preventive)	30% after deductible	50% after deductible
<b>Skilled Nursing</b> — instead of hospital <i>30 days per calendar year*</i>	30% after deductible	50% after deductible
<b>Physical/Occupational Therapy</b> <i>24 visits per calendar year*</i>	30% after deductible	50% after deductible
<b>Home Health Care</b> — instead of hospital <i>30 visits per calendar year*</i>	30% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	30% after deductible	50% after deductible

PHARMACY	In-Network	Out-of-Network*
<b>Pharmacy Deductible</b> per individual	\$750	\$750
	<i>Does not apply to generic</i>	
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	50% copay after deductible	50% copay after deductible
<b>Self-Injectables</b>	25% after deductible	Not covered

- \* Maximum applies to combined in and out-of-network benefits.
- \*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- + Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

Certain areas in California include the Aetna Performance Network®, which features Aexcel designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ ENT, Neurology, Neurosurgery, Plastic Surgery, Urology and Vascular Surgery. **Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You can find them by looking for the star next to the doctor's names at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

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# MANAGED CHOICE OPEN ACCESS VALUE 2500 CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network*
<b>Deductible</b>		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
<b>Coinsurance</b> (Member's responsibility)	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Coinsurance Maximum</b>		
Individual	\$5,000	\$5,000
Family	\$10,000	\$10,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$7,500	\$10,000
Family	\$15,000	\$20,000
	<i>Includes deductible</i>	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$50 copay, deductible waived For visits 1-3 4+ visits member is responsible for 100%. Aetna discount applies; Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do not share visits	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	\$50 copay, deductible waived For visits 1-3 4+ visits member is responsible for 100%. Aetna discount applies; Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do not share visits	50% after deductible
<b>Hospital Admission</b>	40% after deductible	50% after deductible
<b>Outpatient Surgery</b>	40% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$75 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
<b>Annual Routine Gyn Exam</b> <i>No waiting period</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>No waiting period</i>	\$0 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray</b> (Non-Preventive)	30% after deductible	50% after deductible
<b>Skilled Nursing</b> — instead of hospital <i>30 days per calendar year*</i>	40% after deductible	50% after deductible
<b>Physical/Occupational Therapy</b> <i>24 visits per calendar year*</i>	30% after deductible	50% after deductible
<b>Home Health Care</b> — instead of hospital <i>30 visits per calendar year*</i>	30% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	40% after deductible	50% after deductible

PHARMACY	In-Network	Out-of-Network*
<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$20 copay	\$20 copay plus 50%
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered
<b>Self-Injectables</b>	Not covered	Not covered

- \* Maximum applies to combined in and out-of-network benefits.
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