

**Aetna Affordable Health Choices®
limited benefits insurance plan***

Questions and Answers

Membership information you need to know

How do I decide if this plan is right for me?

Please read the information in this enrollment kit, including your Benefits Summary, which explains some of the benefits, limitations, features, and exclusions of this plan. Consider the amount you will pay in premiums, as shown on the Enrollment/Change Request form, and compare this plan to any other medical coverage options you may have. If you have any questions or need additional information, please call us toll-free at **1-888-772-9682**.

How do benefit limits work?

Limits put a cap or ceiling on what the plan will pay. Some benefits have a limit on the dollar amounts and others on the number of services, or both. The plan will not pay for a service or supply once you have reached a limit on either the dollar amounts or the number of services for that service or supply. Because there are limits on what is paid for certain kinds of services or visits, you may not be covered for some services or visits even though you have not reached your overall maximum. Your Benefits Summary, found in this enrollment kit, explains these limits, maximums, and other features of your plan, such as copays and deductibles. Please read it carefully so that you understand what your plan will pay before you enroll.

Who can enroll?

All part-time employees who work between 25 and 34 hours per week are eligible to enroll after completing 90 days of service. If you are an eligible employee, you can also enroll your eligible dependents. Your eligible dependents are your lawful spouse and your children from birth until age 26, through any age if handicapped and unable to earn a living, or until they can no longer be legally declared as dependents. Dependent age and status requirements may vary by state.

When does coverage begin?

Coverage is effective on the first day of the pay period following the pay period in which a deduction occurs.

When do maximums and deductibles reset?

Annual deductibles, maximums, and limits add up throughout the coverage year, then reset and begin again on the anniversary date of your coverage year, January 1.

Will I get ID cards?

If you choose medical and/or dental coverage, you will get plastic member identification (ID) cards. Until you get your plastic IDs, please use the temporary member ID at lower right. This ID is valid after you enroll and your coverage begins.

How do I file a claim?

Claim forms are available from www.aetna.com/docfind/custom/aahc, by calling SRC toll-free at **1-888-772-9682**, or by writing to Strategic Resource Company, Attn: Claims Department, P.O. Box 14079, Lexington, KY 40512-4079.

**Open enrollment begins
November 15 and ends
December 15, 2010.**



**Just hired? You have 30
days from the date you
become eligible to enroll.**

**If you do not enroll now,
you cannot enroll until the
next open enrollment,
unless you have a
qualifying life event.**

IMPORTANT HEALTH CARE REFORM NOTICE: SPECIAL ENROLLMENT OPPORTUNITY FOR DEPENDENTS UP TO AGE 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Aetna Affordable Health Choices plan. Individuals may request enrollment for such children for 30 days from the date they receive this notice. Enrollment will be effective retroactively to the first day of the first plan year beginning on or after September 23, 2010. For more information contact SRC at **1-888-772-9682**.

Cut out your temporary member identification along the dotted line.

	
MEDICAL/DENTAL PPO	BIN# 610502 RX
YMCA OF METROPOLITAN DENVER COMPANY NO.: 300840	
EMPLOYEE NAME: _____	AND COVERED DEPENDENTS
FOR MEMBER SERVICES CALL	1-888-772-9682
PAYOR NUMBER 57604 0039	

* Except in NY, this plan is filed as a major medical plan that contains an annual benefit maximum and a number of additional coverage limitations and exclusions.

Aetna Life Insurance Company

Company name	Group number	Today's date (mm/dd/yyyy)
YMCA of Metropolitan Denver	300840	
Member name (last, first, middle initial)	Member daytime telephone number	Member Social Security number

Payment will be applied to the oldest gap in coverage within the last 45 days from the postmark on your mailed payment. To find out what gaps in coverage you may have, please call us toll-free at 1-888-772-9682.

Instructions: Make a copy of this page. Complete the payment coupon. Cut along the dotted line. Mail coupon with your full amount, made payable to SRC/Aetna, to:

**SRC Missed Premiums
P.O. Box 534739
Atlanta, GA 30353-4739**

_____ X \$ _____ = \$ _____
Number of pay periods missed Amount of deduction per pay period Full premium payment due

What if I miss a payroll deduction?

Your coverage will not begin until you have your first payroll deduction. Each payroll deduction pays for coverage for one payroll period. If you miss a payroll deduction after your coverage begins, you will not have coverage during the time that payroll deduction would cover, unless you pay the full missed premium directly to SRC.

Will my insurance be canceled if I don't make up a missed premium?

Once your coverage has begun, it will not be canceled because you do not make up a missed premium. However, no claims will be paid for losses or covered expenses that occur during the period for which premium is unpaid.

How do I pay my missed premium?

To pay by *personal check, cashier's check, or money order*, make payable to **SRC/Aetna** and send with a completed copy of the coupon above to: SRC Missed Premiums, P.O. Box 534739, Atlanta, GA 30353-4739. You can get additional payment coupons from **www.aetna.com/src**, or by calling **1-888-772-9682**.

Can I pick which missed premiums I wish to pay?

No. Your missed premium payment will always be applied to the oldest gap in coverage within the last 45 days (from the postmark on your mailed payment). You cannot choose to cover a later gap in coverage if you have an earlier gap within the past 45 days from the date your payment is postmarked. To find out what gaps in coverage you may have, please call toll-free **1-888-772-9682**, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

How long do I have to pay a missed premium?

You may pay for a gap in coverage that is up to 45 days old, from the date your payment is postmarked.

Can I pay just a part of a missed premium?

No. You must pay the full premium deduction that was missed in your paycheck, for all coverage you have. We cannot accept partial payments.

If I become ineligible or my employment ends, can I continue coverage with missed premium payments?

No. If your coverage terminates, you may not continue coverage by paying missed premiums. There may be other ways you can continue coverage, such as state continuation of coverage or COBRA, if eligible.

www.aetna.com/docfind/custom/aahc

HEALTH CARE PROVIDER: The person listed on the front of this card has been enrolled under a limited major medical plan sponsored by the employer listed on the front of this card. Covered members are entitled to benefits under the applicable plan, subject to exclusions and limitations. This card does not guarantee coverage. For verification of coverage, filing a claim or for questions other than the discount programs, contact us at the number printed on the front of this card or mail us at the address below.

INSURED: Network physicians, hospitals, and other health care providers are independent contractors and are neither agents nor employees of Aetna Life Insurance Company.

EMERGENCY URGENT CARE: Call your local emergency hotline (ex.911) or go to the nearest emergency facility. For AETNA VISION DISCOUNTS call 1-800-793-8616. For LASTIK call 1-800-422-6600. For CONTACTS DIRECT call 1-800-391-5367.

Strategic Resource Company
P.O. Box 14079
Lexington, KY 40512-4079

Notice to members concerning health care services: Your share of the payment for health care services may be based on the agreement between your health plan and your provider. Under certain circumstances, this agreement may allow your provider to bill you for amounts up to the provider's regular billed charges.

More questions?

To get help in any language, call toll-free **1-888-772-9682** Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

¿Tiene más preguntas?

Si necesita ayuda en cualquier idioma, llame sin cargo al **1-888-772-9682** de lunes a viernes de 8 a.m. a 8 p.m., hora del Este.

Insurance Plans are underwritten by Aetna Life Insurance Company. Plans are administered by Strategic Resource Company (SRC). Aetna Affordable Health Choices® is a registered service mark of Aetna Inc. Health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change. For OK residents only, policy forms issued include GR-9/GR-9N and GR-29/GR-29N.

