

## Summary of Benefits Chart

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on the Reasonable Charge allowance unless otherwise specified. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

**This Plan always pays benefits in accordance with any applicable Indiana Insurance Law(s).**

Annual Deductibles	<p><b>Medical:</b> \$250 per insured person/\$500 per family per Policy Year.</p> <p><b>Note:</b> This Deductible is waived for the following services: Care received at the Indiana University Health Centers, and Well Women Care services.</p> <p><b>Prescriptions:</b> \$100 per Covered Person per Policy Year.</p>
Aggregate Maximum	Maximum Benefit per Lifetime per Condition \$1,000,000.
Out-of-Pocket Maximum <i>(The annual medical Deductible applies towards meeting the Out-of-Pocket Limit; prescriptions Deductible and Copays, 50% items, non-covered services, benefit penalties, and Copays do not apply towards meeting the Out-of-Pocket Limit)</i>	\$5,000 per Covered person/\$10,000 per family. Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum, that may apply.
<b>Inpatient Hospitalization Benefits</b>	
Hospital Room and Board Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p><b>Preferred Care:</b> 90% of the Negotiated Charge for an overnight stay.</p> <p><b>Non-Preferred Care:</b> 70% of the Reasonable Charge for the semi-private room rate for an overnight stay.</p>
Intensive Care Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p><b>Preferred Care:</b> 90% of the Negotiated Charge for an overnight stay.</p> <p><b>Non-Preferred Care:</b> 70% of the intensive care room rate for an overnight stay.</p>
Miscellaneous Hospital Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p><b>Preferred Care:</b> 90% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 70% of the Reasonable Charge.</p> <p>Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, physiotherapy, pre-admission testing, use of special equipment, medicines, and use of operating room.</p>

<b>Inpatient Hospitalization Benefits (continued)</b>	
Physician's Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
Skilled Nursing Facility Expenses, Rehabilitation Facility Expenses, Hospice Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
<b>Surgical Expenses</b>	
Surgical Facility Expenses ( <i>Inpatient and Outpatient</i> )	Covered Medical Expenses for the facility charges are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
Surgical Facility Miscellaneous Fees Expenses ( <i>Inpatient and Outpatient</i> )	Covered Medical Expenses for any miscellaneous surgical charges made by the facility are payable as follows up to a maximum of \$2,000 per surgery: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
Surgical – Physician's Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
<b>Outpatient Benefits</b>	
Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging and Laser treatments, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Visits/Consults Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 100% of the Negotiated Charge after a \$20 Copay. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
Lab and X-ray Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.

<b>Outpatient Benefits (continued)</b>	
Emergency Room Expenses ( <i>Facility</i> )	Covered Medical Expenses are payable as follows: <b><i>Preferred Care:</i></b> 90% of the Negotiated Charge. <b><i>Non-Preferred Care:</i></b> 90% of the Reasonable Charge.
Emergency Room Expenses ( <i>Professional</i> )	Covered Medical Expenses are payable as follows: <b><i>Preferred Care:</i></b> 90% of the Negotiated Charge after the annual Deductible and a \$50 Copay per visit. (Copay is waived if admitted as an inpatient.) <b><i>Non-Preferred Care:</i></b> 90% of the Reasonable Charge after the annual Deductible and a \$50 Deductible per visit. (The \$50 Deductible is waived if admitted as an inpatient.)
Physical Therapy Expenses	Covered Medical Expenses are payable as follows up to a maximum of \$1,200 per Policy Year: <b><i>Preferred Care:</i></b> 90% of the Negotiated Charge. <b><i>Non-Preferred Care:</i></b> 70% of the Reasonable Charge.
Radiation Therapy, Chemotherapy, Physiotherapy, Respiratory/Inhalation Therapy, Speech Therapy	Expenses Covered Medical Expenses are payable as follows: <b><i>Preferred Care:</i></b> 90% of the Negotiated Charge. <b><i>Non-Preferred Care:</i></b> 70% of the Reasonable Charge.
<b>Mental Health and Substance Abuse Benefits</b>	
Inpatient Expenses – Mental Health	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows: <b><i>Preferred Care:</i></b> 100% of the Negotiated Charge. <b><i>Non-Preferred Care:</i></b> 100% of the Reasonable Charge.  Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission.
Outpatient Expenses – Mental Health	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: <b><i>Preferred Care:</i></b> 100% of the Negotiated Charge. <b><i>Non-Preferred Care:</i></b> 70% of the Reasonable Charge.

<b>Mental Health and Substance Abuse Benefits (continued)</b>	
Inpatient Expenses – Substance Abuse	<p>Covered Medical Expenses for the treatment of a substance abuse condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows:</p> <p><b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p> <p>Treatment is limited to a maximum of 20 days per Policy Year per condition for any one or related condition.</p>
Outpatient Expenses – Substance Abuse	<p>Covered Medical Expenses for the treatment of a substance abuse condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows:</p> <p><b>Preferred Care:</b> 80% of the Negotiated Charge, after a \$15 Copay.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p> <p>Outpatient treatment is subject to a maximum of 30 visits per condition, per Policy Year.</p>
Pervasive Developmental Disorders Expenses	<p>Covered Medical Expenses include both the diagnosis and treatment of these conditions as long as they are included in a Physician’s treatment plan. Exclusions such as medical necessity, experimental, investigational, and learning disabilities are waived for these expenses only if these expenses are for services specifically indicated in the Physician’s treatment plan. Covered Medical Expenses are payable on the same basis as any expense.</p>
<b>Maternity Benefits</b>	
Maternity Expenses	<p>Covered Medical Expenses for pregnancy, childbirth complications of pregnancy, and newborn care are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle feeding.</p>
Voluntary Termination of Pregnancy Expenses	<p>Covered Medical Expenses for voluntary termination of pregnancy are payable on the same basis as any other Sickness.</p>

<b>Additional Benefits</b>	
Durable Medical Equipment Expenses	Covered Medical Expenses are payable as follows up to a maximum of \$10,000 per Policy Year: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge.
Prosthetic Device Expenses	Covered Medical Expenses are payable as follows up to a maximum of \$30,000 per Policy Year: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge.
Temporomandibular Joint Dysfunction (TMJ) Benefit Expenses (Non Surgical)	Covered Medical Expenses are payable as follows up to a maximum of \$1,000 per Policy Year: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge.
Ambulance Expenses	Covered Medical Expenses are payable at 80% of the Actual Charge for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness up to a maximum of: <ul style="list-style-type: none"> <li>• Ground Transportation \$150 per trip.</li> <li>• Air Transportation \$1,500 per trip.</li> </ul>
Prescription Drug Benefit Expenses	Following a \$100 per Covered Person per Policy Year Deductible, Covered Medical Expenses for outpatient Prescription Drug Expenses associated with a covered Sickness or Accident which occurs during a Policy Year are payable as follow: <b>Preferred Care:</b> Covered Medical Expenses are payable at 100% of the Negotiated Charge after a \$10 Copay for Generic Prescription Drugs, and 100% after a \$25 Copay for Brand Name Prescription Drugs. <b>Non-Preferred Care:</b> Covered Medical Expenses are payable at 50% of the Reasonable Charge. Please note that you are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. (Please refer to the Prescription Drug Claim Procedures section of this Brochure for information regarding the claim submission and reimbursement process.)  Medications not covered by this benefit include, but are not limited to: allergy sera, drugs to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, and non-self injectables. Prior authorization is required for growth hormones and drugs which are used for the treatment of malaria. For assistance, or for a complete list of excluded medications and drugs available with prior authorization, please contact <b>(800) 238-6279</b> .

<b>Additional Benefits (continued)</b>	
Diabetic Treatment Expenses <i>(Please note: this section refers to diabetic testing or for supplies not covered by the Prescription Drug under the Prescription Drug program)</i>	Covered Medical Expenses for diabetic self-management supplies and insulin are covered program are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge.
Home Health Care Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 90% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge incurred within 12 months from the date of the first home health care visit. The maximum number of covered visits is limited to 40. Four hours of home health aide service shall be considered as one home care visit.
Routine Exam Expenses <i>(Including Immunizations)</i>	Covered Medical Expenses include coverage for routine Physician's office visits, routine physical examinations, well child care, routine immunizations for infectious diseases, and any related routine lab and X-ray services.  <i>(Please note: The office visit charge for Hepatitis B Titers is covered as any other Physician Office Visit Expense and subject to the Routine Exam Expense maximum. Lab work associated with Hepatitis B Titers is covered as any other Lab Expense but is not subject to the Routine Exam Expense maximum.)</i>  Covered Medical Expenses are payable as follows up to a maximum of \$150 per Policy Year: <b>Preferred Care:</b> 100% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.
Women's Health Benefit Expenses	<b>Mammography</b> <i>(Annual deductible is waived)</i> – Covered Medical Expenses are payable on the same basis as any other outpatient expense for one mammogram per Policy Year.  <b>Pap Smear Screening</b> – Covered Medical Expenses are payable on the same basis as any other outpatient expense for one Pap smear screening per Policy Year.  Please note that expenses incurred for a mammogram or a Pap smear screening will not be applied towards meeting the \$150 Policy Year maximum applicable for routine exams.
Prostate Specific Antigen (PSA) Test Expenses	Covered Medical Expenses include coverage for one annual PSA test per Policy Year. <b>Preferred Care:</b> 100% of the Negotiated Charge. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge. Please note that expenses incurred for a PSA test will not be applied towards meeting the \$150 Policy Year maximum applicable for routine exams.

### Additional Benefits (continued)

Dental Expenses	Covered Medical Expenses are payable at 90% of the Reasonable Charge for the extraction of wisdom teeth or for the treatment of an Injury to sound, natural teeth.
Mastectomy and Mastectomy Related Services Expenses	<p>Covered Medical Expenses include charges incurred for mastectomy and mastectomy-related services including:</p> <ul style="list-style-type: none"> <li>• Reconstruction and surgery to achieve symmetry between breasts;</li> <li>• Prosthesis; and</li> <li>• Treatment of physical complications of all stages of mastectomy, including lymphedemas.</li> </ul> <p>Covered Medical Expenses are payable on the same basis as any other expense.</p>

### Additional Services and Discounts

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna. To learn more about these additional services and search for providers visit, [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

Aetna Vision <sup>SM</sup> Discount Program <sup>1</sup>	<b>Aetna Vision<sup>SM</sup> Discount Program:</b> The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).
Aetna Fitness <sup>SM</sup> Discount Program <sup>1</sup>	<b>Aetna Fitness<sup>SM</sup> Discount Program:</b> Aetna's Fitness Program provides members with access to services provided by GlobalFit <sup>TM</sup> , the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services. <i>*At some clubs, participation may be restricted to new club members.</i>
Aetna Weight Management <sup>SM</sup> Discount Program <sup>1</sup>	<b>Aetna Weight Management<sup>SM</sup> Discount Program:</b> Helps you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides members and their eligible family members access to discounts on Jenny Craig <sup>®</sup> weight loss programs and products. Start with a FREE 30-day trial membership* then choose either a 6* -or 12* -month program** that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more. <i>* Offers good at participating centers in the United States, Canada and Puerto Rico and through Jenny Direct at-home. Additional cost for all food purchases and shipping where applicable.</i> <i>**Additional weekly food discounts will grow throughout the year, based on active participation.</i>
eDiets <sup>® 1</sup>	<b>eDiets<sup>®</sup>:</b> 25% discount on weekly dues for an eDiet membership.
Zagat Survey <sup>®</sup> Healthy Dining <sup>1</sup>	<b>Zagat Survey<sup>®</sup> Healthy Dining:</b> 30% discounts on online subscriptions to restaurant and lifestyle guides.

### Additional Services and Discounts (continued)

SpaWish® Gift Certificate <sup>1</sup>	<b>SpaWish® Gift Certificate:</b> Spa gift certificates redeemable at a national network of 1,300 day spas.
Mayo Clinic Bookstore.com <sup>1</sup>	<b>Mayo Clinic Bookstore.com:</b> Discounts for books on health and wellness.
Aetna's Informed Health® Line <sup>2</sup>	<p><b>Aetna's Informed Health® Line:</b> Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year.</p> <p>You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week.</p> <p>You also have access to our Audio Health Library, a recorded collection of thousands of health topics that's available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call.</p> <p>Or, to get credible health information online, register for Aetna Navigator® (visit <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> to register), our password-protected member website. After logging in, click on <i>Take Action on Your Health, Treating Illness</i> and then <i>Health A-Z</i>.</p> <p>To reach an Informed Health Line Nurse, please call <b>(800) 556-1555</b>. For TDD (hearing and speech impaired only), please call <b>(800) 270-2386</b>.</p> <p><i>*Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.</i></p>
Health and Wellness Resources <sup>2</sup>	<p><b>Health and Wellness Resources:</b> This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.</p>
Beginning Right <sup>SM</sup> Maternity Program <sup>2</sup>	<p><b>Beginning Right<sup>SM</sup> Maternity Program:</b> Offers members the resources and tools to help give babies a healthy start. You will have a one-on-one relationship with an obstetrics-trained nurse and a physician – in person or by phone – throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, and healthy initiatives, such as dental screening.</p>
Aetna Natural Products and Services <sup>SM</sup> Discount Program <sup>1,2,3</sup>	<p><b>Aetna Natural Products and Services<sup>SM</sup> Discount Program:</b> Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.</p>
Quit&Fit <sup>TM</sup> Tobacco Cessation Program <sup>2,3</sup>	<p><b>Quit&amp;Fit<sup>TM</sup> Tobacco Cessation Program –</b> This tobacco cessation program provides support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.</p>

<sup>1</sup> Discount programs provide access to discounted prices and are NOT insured benefits.

<sup>2</sup> Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.

<sup>3</sup> These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

## Voluntary Dental Programs

You may enroll in one of two voluntary dental programs at an additional cost – the Aetna Dental® Advantage Plan or Vital Savings by Aetna® (a dental discount program). **Compare these dental plan benefits, networks, and costs in your area to see if one is right for you.**

<p>Aetna Dental® Advantage Plan<sup>1</sup></p>	<p>With our <b>Aetna Dental® Advantage Plan</b>, you select a primary care dentist (PCD) and have most of your preventive and restorative services covered by a copayment or reduced fee for each visit.</p> <table border="0"> <thead> <tr> <th data-bbox="488 527 737 594"><b>Dental Advantage Plan Rates</b></th> <th data-bbox="987 527 1192 625"><b>Annual 9/1/08-8/31/09 Deadline: 10/1/08</b></th> <th data-bbox="1230 527 1425 625"><b>Spring 3/1/09-8/31/09 Deadline: 4/1/09</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="488 627 711 659">1. Student/PostDoc</td> <td data-bbox="1040 627 1138 659"><b>\$165.00</b></td> <td data-bbox="1279 627 1377 659"><b>\$ 82.50</b></td> </tr> <tr> <td data-bbox="488 661 841 693">2. Student/PostDoc and Spouse</td> <td data-bbox="1040 661 1138 693"><b>\$324.75</b></td> <td data-bbox="1279 661 1377 693"><b>\$162.38</b></td> </tr> <tr> <td data-bbox="488 695 873 726">3. Student/PostDoc and Child(ren)</td> <td data-bbox="1040 695 1138 726"><b>\$324.75</b></td> <td data-bbox="1279 695 1377 726"><b>\$162.38</b></td> </tr> <tr> <td data-bbox="488 728 971 760">4. Student/PostDoc, Spouse, and Child(ren)</td> <td data-bbox="1040 728 1138 760"><b>\$619.25</b></td> <td data-bbox="1279 728 1377 760"><b>\$309.63</b></td> </tr> </tbody> </table> <p>For complete details and to enroll, be sure to visit <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a>. Click on “Find Your School” and enter <b>812801</b> as your Policy Number or search by school name then click on the Enroll tab.</p> <p><sup>1</sup><i>Aetna Dental Advantage Plan is provided or administered by Aetna Dental Inc. and/or Aetna Health Inc.</i></p>	<b>Dental Advantage Plan Rates</b>	<b>Annual 9/1/08-8/31/09 Deadline: 10/1/08</b>	<b>Spring 3/1/09-8/31/09 Deadline: 4/1/09</b>	1. Student/PostDoc	<b>\$165.00</b>	<b>\$ 82.50</b>	2. Student/PostDoc and Spouse	<b>\$324.75</b>	<b>\$162.38</b>	3. Student/PostDoc and Child(ren)	<b>\$324.75</b>	<b>\$162.38</b>	4. Student/PostDoc, Spouse, and Child(ren)	<b>\$619.25</b>	<b>\$309.63</b>
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<p>Vital Savings<sup>SM</sup> on Dental<sup>1</sup></p>	<p><b>Vital Savings<sup>SM</sup> on Dental</b> is a dental discount program helping you and your dependents save an average of 30- to 50-percent on a wide array of dental services – with one low annual fee of <b>\$25</b> per person. Enroll online at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a>.</p> <p>Students can enroll themselves and one dependent for \$44, or themselves plus two or more dependents for \$63.</p> <p>Membership in the Vital Savings Discount program is purchased on an annual basis, coverage is from <b>September 1, 2008</b> through <b>August 31, 2009</b>.</p> <p>This program can be purchased through <b>May 2009</b>, however, this fee remains the same no matter when the program is purchased.</p>															

<sup>1</sup>The Vital Savings by Aetna® program (the “Program”) is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, **1-877-698-4825**, is the Discount Medical Plan Organization.