

**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 active temporary employees are eligible to enroll. 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 31, 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, July 2.

### Will I get ID cards?

If you choose 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](http://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  
October 1 and ends  
October 31, 2010.**



**Just hired? You have 30  
days from the date you  
are hired 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 PPO	An Aetna Company AETNA AFFORDABLE HEALTH CHOICES® PPO
LANDRUM STAFFING SERVICES, INC. COMPANY NO.: 800769	BIN# 610502      RX
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.