

Aetna Funding Advantage Essentials Plans

Open Access Aetna Select | Effective 4/1/2019

Member benefits

Plan name	500 100%	1000 100%	1500 100%	3000 100%	5000 100%	7000 100%	1000 80%
	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000	\$1,000/\$2,000
Out-of-pocket limit (Individual/Family)	\$3,500/\$7,000	\$4,500/\$9,000	\$5,500/\$11,000	\$6,000/\$12,000	\$7,500/\$15,000	\$7,900/\$15,800	\$5,500/\$11,000
Deductible /out-of-pocket limit accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Primary care physician office visit	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived
Specialist office visit	\$75 copay; deductible waived	\$75 copay; deductible waived	\$75 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived	\$75 copay; deductible waived
Walk-in clinics	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived
Diagnostic testing: Lab	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived
Diagnostic testing: X-ray	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	\$25 copay; deductible waived	Covered in full after deductible	20% after deductible
Imaging CT/PET scans MRIs	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	20% after deductible
Inpatient hospital facility	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	20% after deductible
Outpatient surgery	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	20% after deductible
Emergency room	\$500 copay after deductible	\$500 copay after deductible	\$500 copay after deductible	\$500 copay after deductible	\$500 copay after deductible	\$500 copay after deductible	20% after deductible
Urgent care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Rehabilitation services (PT/OT/ST) ³	\$75 copay after deductible	\$75 copay after deductible	\$75 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$75 copay after deductible
Chiropractic ³	\$75 copay after deductible	\$75 copay after deductible	\$75 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$75 copay after deductible
Pharmacy ⁴	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Pharmacy deductible	None	None	None	None	None	None	None
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay
Preferred brand drugs	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Non preferred generic and brand drugs	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Preferred and non preferred specialty drugs	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Aetna Funding Advantage Essentials Plans

Open Access Aetna Select | Effective 4/1/2019

Member benefits

Plan name	1500 80%	2500 80%	4000 80%	1000 50%	4500 50%	2000 HSA 100%	3000 HSA 80% Emb
	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible (Individual/Family)	\$1,500/\$3,000	\$2,500/\$5,000	\$4,000/\$8,000	\$1,000/\$2,000	\$4,500/\$9,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-pocket limit (Individual/Family)	\$6,000/\$12,000	\$7,000/\$14,000	\$7,500/\$15,000	\$5,000/\$10,000	\$7,500/\$15,000	\$6,750/\$6,750	\$6,750/\$13,500
Deductible/out-of-pocket limit accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	TIF ²	Embedded ¹
Primary care physician office visit	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay after deductible	\$25 copay after deductible
Specialist office visit	\$75 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived	\$75 copay after deductible	\$75 copay after deductible
Walk-in clinics	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay after deductible	\$25 copay after deductible
Diagnostic testing: Lab	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived	\$25 copay; deductible waived	Covered in full after deductible	20% after deductible
Diagnostic testing: X-ray	20% after deductible	20% after deductible	20% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	20% after deductible
Imaging CT/PET scans MRIs	20% after deductible	20% after deductible	20% after deductible	50% after deductible	50% after deductible	\$250 copay after deductible	20% after deductible
Inpatient hospital facility	20% after deductible	20% after deductible	20% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	20% after deductible
Outpatient surgery	20% after deductible	20% after deductible	20% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	20% after deductible
Emergency room	20% after deductible	20% after deductible	20% after deductible	50% after deductible	50% after deductible	\$250 copay after deductible	20% after deductible
Urgent care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay after deductible	20% after deductible
Rehabilitation services (PT/OT/ST) ³	\$75 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$75 copay after deductible	\$75 copay after deductible
Chiropractic ³	\$75 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$75 copay after deductible	\$75 copay after deductible
Pharmacy ⁴	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Pharmacy deductible	None	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay Generic: \$10 copay	Low Cost Generic: \$2 copay after deductible Generic: \$10 copay after deductible
Preferred brand drugs	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay after deductible	\$50 copay after deductible
Non preferred generic and brand drugs	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay after deductible	\$100 copay after deductible
Preferred and non preferred specialty drugs	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay Non-Preferred Specialty: \$500 copay	Preferred Specialty: \$250 copay after deductible Non-Preferred Specialty: \$500 copay after deductible	Preferred Specialty: \$250 copay after deductible Non-Preferred Specialty: \$500 copay after deductible

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Aetna Funding Advantage Essentials Plans

Open Access Aetna Select | Effective 4/1/2019

Member benefits

Plan name	6750 HSA 100% Emb
	In Network
Deductible (Individual/Family)	\$6,750/\$13,500
Out-of-pocket limit (Individual/Family)	\$6,750/\$13,500
Deductible /out-of-pocket limit accumulation	Embedded ¹
Primary care physician office visit	Covered in full after deductible
Specialist office visit	Covered in full after deductible
Walk-in clinics	Covered in full after deductible
Diagnostic testing: Lab	Covered in full after deductible
Diagnostic testing: X-ray	Covered in full after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible
Inpatient hospital facility	Covered in full after deductible
Outpatient surgery	Covered in full after deductible
Emergency room	Covered in full after deductible
Urgent care	Covered in full after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible
Chiropractic ³	Covered in full after deductible
Pharmacy ⁴	In Network
Pharmacy deductible	Integrated with Medical Deductible
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	NA / Covered in full after deductible
Preferred brand drugs	Covered in full after deductible
Non preferred generic and brand drugs	Covered in full after deductible
Preferred and non preferred specialty drugs	Covered in full after deductible

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Footnotes

All services are subject to the deductible unless noted otherwise. Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services.

Note: Please refer to Aetna's Producer World® web site at www.aetna.com for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna Sales Representative.

Deductibles, copays and coinsurance apply to the out-of-pocket maximum (OOP). After the out-of-pocket maximum is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna.

¹ **Embedded** – No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.

² **TIF (Non-Embedded)** – The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.

³ **Rehabilitation and chiropractic /subluxation services** - Rehabilitation (speech, physical, occupational) and chiropractic / subluxation services, limited to 60 visits per year combined.

⁴ **Pharmacy** -

Choose Generics applies. If the physician prescribes or the member requests a covered brand name prescription drug when a generic prescription drug equivalent is available, the member will pay the difference in cost between the brand name prescription drug and the generic prescription drug equivalent plus the applicable cost-sharing. The cost difference between the generic and brand does not count toward the Deductible or Out of Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Aetna Value Plus Formulary) to understand which drugs are covered. Precertification and step therapy applies.

Mandatory Maintenance Choice – Members can choose the most convenient place to fill 90-day supplies of their maintenance drugs – from Aetna Rx Home Delivery mail-order pharmacy or CVS pharmacy retail locations. A 90-day supply of maintenance drugs is required to be filled at Aetna Rx Home Delivery mail-order pharmacy or CVS pharmacy retail locations after two retail fills. Otherwise, the member will be responsible for 100 percent of the cost-share. All maintenance medicines used regularly to treat chronic conditions like arthritis, asthma, diabetes or high cholesterol are part of Mandatory Maintenance Choice.

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/dental benefits and health/dental insurance and plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through PayFlex. 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 and dental 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 believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.