

Aetna Open Access Elect Choice[®] (OA EPO) HSA Compatible[†] Plan Option*

| Plan Options | OA EPO 6-13 HSA Compatible |
|---|---|
| Member Benefits | Network |
| Plan Coinsurance | 0% after deductible |
| Plan Year Deductible** | \$5,000 individual \$10,000 Family |
| Plan Year Maximum Out-of-Pocket Limit** | \$5,950 individual \$11,900 Family |
| Lifetime Maximum | Unlimited |
| Primary Care Physician Office Visit | 0% after deductible |
| Specialist Office Visit | 0% after deductible |
| Preventive Care | |
| Well-Child Exams, Immunizations, Adult Physicals, Routine Gyn, Routine Mammograms, Routine DRE, Routine PSA, Routine Colorectal Cancer Screening & Routine Vision Exams (Age and frequency schedules apply) | \$0 copay; deductible waived |
| Glasses and Contact Lens Reimbursement | Not covered |
| Aetna VisionSM Discount Program | Included |
| Outpatient Services (Lab, X-ray and complex imaging services – MRA/MRS, MRI, PET and CAT Scans) | 0% after deductible |
| Inpatient Hospital | 0% after deductible |
| Outpatient Surgery | 0% after deductible |
| Emergency Room and Urgent Care | 0% after deductible |
| Chiropractic Services | 0% after deductible |
| Outpatient Physical, Occupational and Speech Therapy (Limited to 30 combined visits per plan year) | 0% after deductible |
| Durable Medical Equipment (\$1,500 plan year maximum) | 50% after deductible |
| Prescription Drugs^{††,*} – Mandatory Generic | |
| Prescription Drugs: 30-day supply | After plan deductible is met, \$15/\$35/\$70 |
| Prescription Drugs: 31-90 day supply | After plan deductible is met, \$30/\$70/\$140 |

See reverse for footnotes.

Footnotes

*This is a partial description of plans and benefits available; for more information, refer to the specific plan design summary. The dollar amount and percentage copayments indicate what the member is required to pay.

*Generic formulary contraceptives are covered without member cost share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

**All covered expenses, including prescription drugs, accumulate toward the deductible and maximum out-of-pocket limit; only those out-of-pocket expenses resulting from the application of deductible, coinsurance percentage and copays, including prescription drug copays, may be used to satisfy the maximum out-of-pocket limit. The individual deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family maximum out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family maximum out-of-pocket limit is met, all family members will be considered as having met their maximum out-of-pocket limit for the remainder of the plan year.

†Based upon Treasury guidance available as of the print date.

††Pharmacy plans include prior authorization and step-therapy. 90-day transition of coverage (TOC) for prior authorization and step-therapy included on pharmacy plans. Transition of coverage for prior authorization and step-therapy helps members of new groups to transition to the Aetna plan by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time prior authorization and step-therapy requirements will not apply to certain drugs. Once the 90-calendar-day period has expired, prior authorization and step-therapy edits will apply to all drugs requiring prior authorization and step-therapy as listed in the formulary guide. Members, who have claims paid for a drug requiring prior authorization and step-therapy during the transition of coverage period, may continue to receive this drug after the 90 calendar days and will not be required to obtain a prior authorization or approval for a medical exception for this drug. NOTE: Step-therapy and TOC for step-therapy are not included on HSA-compatible plans.

Pharmacy plans also include mandatory generic – If the member or the physician requests brand when generic is available, the member pays the applicable copay or coinsurance plus the difference between the generic price and the brand price.

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 benefits/health insurance plans, dental benefits and insurance plans and life and disability insurance plans/policies contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. 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 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.