

Aetna Funding Advantage

Open Access Aetna Select Plans | New Jersey Effective 9/1/2021

Plan name	Deductible (Individual/Family)	Out-of-pocket limit (Individual/Family)	Coinsurance	PCP Office Visit	Specialist Office Visit	Walk-in clinics ¹ (Designated Walk-in Clinics / All Other Network Providers)	Urgent care	Emergency room	Lab / X-ray	Inpatient hospital	Pharmacy Deductible	Pharmacy ² Low Cost and Preferred Generic (Tier 1A Value / Tier 1) / Preferred Brand / Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty
NJ OAAS 2000 50% CY ISL20 ³	\$2,000/\$4,000	\$7,150/\$14,300	50%	\$30 DW	\$50 DW	\$0 DW / \$30 DW	\$50 DW	\$100 copay plus 50% DW	\$15 DW / \$50 DW	50% AD	None	\$3 / \$15 / \$50 / \$100 / 50% up to \$250 / 50% up to \$500
NJ OAAS 3000 HSA 50% CY ISL20 ⁴	\$3,000/\$6,000	\$6,450/\$6,450	50%	50% AD	50% AD	Covered in full AD / 50% AD	50% AD	\$100 copay plus 50% AD	\$30 AD / 50% AD	\$300 copay per day to a max of \$1,500 per admission AD	Integrated with Medical	\$3 AD / \$15 AD / \$50 AD / \$100 AD / 20% up to \$250 AD / 40% up to \$500 AD

Footnotes

"AD" indicates after deductible. "DW" indicates deductible waived. 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. Deductibles, copays and coinsurance apply to the out-of-pocket limit (OOP). After the out-of-pocket limit is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna. This illustration shows in-network benefits only. Open Access Aetna Select (OAAS) plans only provide access to covered benefits when provided by a network provider. The OAAS plans do not cover services from an out-of-network provider, except for emergency care provided for an emergency medical condition. The OAAS plans will pay for the emergency care as in-network benefits.

Note: To access specific Summary of Benefits and Coverage (SBC) documents, please go to <https://www.aetna.com/sbcsearch/home>. For more information, please contact your licensed agent or Aetna Sales Representative.

¹Walk-in clinics - Walk-in clinics are freestanding health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be walk-in clinics.

²Choose Generics with Dispense as Written (DAW) override - Member pays the difference in cost between a brand and generic drug plus the applicable cost share if a generic drug is available and a brand-name drug is dispensed unless the physician indicates "Dispense as Written" on the prescription. 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 (Advanced Control Plan - Aetna Formulary) to understand which drugs are covered. Precertification and step therapy applies.

²Maintenance Choice[®] with Opt Out - After two retail fills, members must choose to fill a 90-day supply of their maintenance drugs at CVS Caremark Mail Service Pharmacy[™] or at a CVS retail pharmacy. If the member wants to continue to fill their 30-day supply at any other network pharmacy, they simply need to call us at the number on their member ID card. If they do not notify us that they want to opt out of the 90-day supply at a CVS Pharmacy, they'll be responsible for 100 percent of their medication cost. The member may call us any time, even from the pharmacy, to let us know that they intend to opt out of the benefit.

²Specialty - First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through the Aetna Specialty Performance Network. True Accumulation applies.

²Preventive Medications (HSA plan) - Deductible is waived for certain preventive medications.

³Embedded - 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.

⁴TIF (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.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Funding AdvantageSM plans are self-insured by the employer and administered by Aetna Life Insurance Company. Stop loss insurance coverage is offered by Aetna Life Insurance Company.

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. 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/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. 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 **Aetna.com**.