

Aetna Funding Advantage

Choice POS II Plan | Oklahoma 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
OK CPOSII 1000 80/50 3000 CY ³	\$1,000/\$2,000	\$3,000/\$6,000	20%	\$30 DW	\$50 DW	\$0 DW / \$30 DW	\$50 DW	\$300 AD	20% AD / 20% AD	\$150 copay per admission AD	None	\$3 / \$10 / \$50 / \$100 / 20% up to \$250 / 40% up to \$500

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. All CPOSII plans include out-of-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.

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.

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