

# Your health matters to us



## Select the right answers for you

At-a-glance medical plans for Members of Congress  
and designated Congressional staff



# Welcome to Aetna

**At Aetna, you're at the center of everything we do. You can count on us to provide tools and programs that you need to choose the right plan.**

# Understanding your options is important

## We're here to help

Choosing the right health plan can be difficult. We're here to help you understand all your options so that you can make smart choices.

Choose from our range of health benefits and insurance plans, all designed to offer you maximum value. Review your new benefits options at a glance with this guide. For additional assistance, you may also reach Member Services by calling **800-544-0526**.

## HNOnly

A **health network only (HNOnly)** plan is part of a health maintenance organization (HMO). Each family member is encouraged but not required to select a primary care physician (PCP) participating in the Aetna network. A PCP provides routine and preventive care and helps to coordinate the member's total health care. Members never need a referral when visiting a participating specialist for covered services. Only services rendered by a participating provider are covered, except for emergent or urgently needed care.

## OAEPO

An **elect choice open access (OAEPO)** network plan does not require a PCP or referrals. Like the HNOnly plan, an OAEPO does not provide coverage for out-of-network care or services. Only services rendered by a participating provider are covered, except for emergent or urgently needed care.

## Explore your new plan options

Use this at-a-glance guide to find new benefits that fit your budget. Select the right balance of cost and coverage by selecting your new plan today.

Plan options	PCP required	Referrals required to see specialist	Out-of-network benefits	Preventive care
Health Network Only (HNOnly)	No	No	No	Covered 100%, no copay
Elect Choice Open Access (OAEPO)				

## Find the right doctor for you

We help make it easy for you to make smart choices about doctors and quality care. Find a doctor, hospital, or other facility quickly with DocFind, our online provider directory.

Once you sign up for your secure member website, DocFind tailors your search results to your plan. Learn more at **[www.aetna.com/docfind](http://www.aetna.com/docfind)**.

# Aetna I-50

## HealthNetworkOnlyOpenAccess (HNOOnly) | DC 01/01/2021

### Member benefits

Plan name	DC Gold HNOOnly 70% \$25/40 E	DC Gold HNOOnly 500 90% \$25/40 E	DC Gold HNOOnly 1500 90% E	DC Gold HNOOnly 1650 100% HSA T
	In Network	In Network	In Network	In Network
<b>Deductible (Individual/Family)</b>	\$0/\$0	\$500/\$1,000	\$1,500/\$3,000	\$1,650/\$6,600
<b>Out-of-pocket limit (Individual/Family)</b>	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$3,950/\$7,900
<b>Deductible/out-of-pocket limit accumulation</b>	Embedded <sup>1</sup>	Embedded <sup>1</sup>	Embedded <sup>1</sup>	TIF <sup>2</sup>
<b>Primary care physician office visit</b>	\$25	\$25 DW	10% DW	Covered in full AD
<b>Specialist office visit</b>	\$40	\$40 DW	10% DW	Covered in full AD
<b>Walk-in clinics<sup>4</sup></b>	\$25	\$25 DW	10% DW	Covered in full AD
<b>Diagnostic testing: Lab</b>	30%	\$15 AD	\$15 DW	Covered in full AD
<b>Diagnostic testing: X-ray</b>	30%	\$65 AD	\$65 DW	Covered in full AD
<b>Imaging CT/PET scans MRIs</b>	30%	\$250 AD	10% AD	Covered in full AD
<b>Inpatient hospital facility</b>	30%	10% AD	\$250 plus 10% AD	10% AD
<b>Outpatient surgery</b>	30%	\$300 AD	\$500 AD	10% AD
<b>Emergency room</b>	\$500 plus 30%	\$750 AD	\$750 AD	Covered in full AD
<b>Urgent care</b>	\$50	\$50 DW	\$50 DW	\$30 AD
<b>Rehabilitation services (PT/OT/ST)<sup>3</sup></b>	\$65	\$65 AD	\$65 AD	Covered in full AD
<b>Chiropractic<sup>3</sup></b>	25%	25% AD	25% AD	25% AD

See page 14 for footnotes

# Aetna I-50

## HealthNetworkOnlyOpenAccess (HNOOnly) | DC 01/01/2021

### Member benefits

Pediatric dental and vision <sup>5</sup>	DC Gold HNOOnly 70% \$25/40 E	DC Gold HNOOnly 500 90% \$25/40 E	DC Gold HNOOnly 1500 90% E	DC Gold HNOOnly 1650 100% HSA T
	In Network	In Network	In Network	In Network
Dental check-up (aka preventive/diagnostic)	Covered in full	Covered in full AD	Covered in full AD	Covered in full AD
Dental basic	30%	30% AD	30% AD	30% AD
Dental major				
Dental ortho				
Vision exam (1 exam per 12 months)	50%	50% AD	50% AD	50% AD
Vision hardware				

Pharmacy <sup>6</sup>	DC Gold HNOOnly 70% \$25/40 E	DC Gold HNOOnly 500 90% \$25/40 E	DC Gold HNOOnly 1500 90% E	DC Gold HNOOnly 1650 100% HSA T
	In Network	In Network	In Network	In Network
Pharmacy deductible	None	None	None	Integrated with Medical Deductible
Preferred generic drugs	\$12	\$12	\$12	\$12 AD
Preferred brand drugs	\$55	\$55	\$55	\$55 AD
Non-preferred drugs	\$95	\$95	\$95	\$95 AD
Specialty drugs	Preferred Specialty: 40% up to \$150 Non-Preferred Specialty: 50% up to \$150	Preferred Specialty: 40% up to \$150 Non-Preferred Specialty: 50% up to \$150	Preferred Specialty: 40% up to \$150 Non-Preferred Specialty: 50% up to \$150	Preferred Specialty: 40% up to \$150 AD Non-Preferred Specialty: 50% up to \$150 AD

See page 14 for footnotes

# Aetna I-50

## ElectChoiceOpenAccess (OAEPO) | DC 01/01/2021

### Member benefits

Plan name	DC Gold OAEPO 70% \$25/40 E	DC Gold OAEPO 500 90% \$25/40 E	DC Gold OAEPO 1500 90% E	DC Gold OAEPO 1650 100% HSA T
	In Network	In Network	In Network	In Network
<b>Deductible (Individual/Family)</b>	\$0/\$0	\$500/\$1,000	\$1,500/\$3,000	\$1,650/\$6,600
<b>Out-of-pocket limit (Individual/Family)</b>	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$3,950/\$7,900
<b>Deductible/out-of-pocket limit accumulation</b>	Embedded <sup>1</sup>	Embedded <sup>1</sup>	Embedded <sup>1</sup>	TIF <sup>2</sup>
<b>Primary care physician office visit</b>	\$25	\$25 DW	10% DW	Covered in full AD
<b>Specialist office visit</b>	\$40	\$40 DW	10% DW	Covered in full AD
<b>Walk-in clinics<sup>4</sup></b>	Covered in full	Covered in full DW	Covered in full DW	Covered in full AD
<b>Diagnostic testing: Lab</b>	30%	\$15 AD	\$15 DW	Covered in full AD
<b>Diagnostic testing: X-ray</b>	30%	\$65 AD	\$65 DW	Covered in full AD
<b>Imaging CT/PET scans MRIs</b>	30%	\$250 AD	10% AD	Covered in full AD
<b>Inpatient hospital facility</b>	30%	10% AD	\$250 plus 10% AD	10% AD
<b>Outpatient surgery</b>	30%	\$300 AD	\$500 AD	10% AD
<b>Emergency room</b>	\$500 plus 30%	\$750 AD	\$750 AD	Covered in full AD
<b>Urgent care</b>	\$50	\$50 DW	\$50 DW	\$30 AD
<b>Rehabilitation services (PT/OT/ST)<sup>3</sup></b>	\$65	\$65 AD	\$65 AD	Covered in full AD
<b>Chiropractic<sup>3</sup></b>	25%	25% AD	25% AD	25% AD

See page 14 for footnotes

# Aetna I-50

## ElectChoiceOpenAccess (OAEPO) | DC 01/01/2021

### Member benefits

Pediatric dental and vision <sup>5</sup>	DC Gold OAEPO 70% \$25/40 E	DC Gold OAEPO 500 90% \$25/40 E	DC Gold OAEPO 1500 90% E	DC Gold OAEPO 1650 100% HSA T
	In Network	In Network	In Network	In Network
Dental check-up (aka preventive/diagnostic)	Covered in full	Covered in full AD	Covered in full AD	Covered in full AD
Dental basic	30%	30% AD	30% AD	30% AD
Dental major				
Dental ortho				
Vision exam (1 exam per 12 months)	50%	50% AD	50% AD	50% AD
Vision hardware				

Pharmacy <sup>6</sup>	DC Gold OAEPO 70% \$25/40 E	DC Gold OAEPO 500 90% \$25/40 E	DC Gold OAEPO 1500 90% E	DC Gold OAEPO 1650 100% HSA T
	In Network	In Network	In Network	In Network
Pharmacy deductible	None	None	None	Integrated with Medical Deductible
Preferred generic drugs	\$12	\$12	\$12	\$12 AD
Preferred brand drugs	\$55	\$55	\$55	\$55 AD
Non-preferred drugs	\$95	\$95	\$95	\$95 AD
Specialty drugs	Preferred Specialty: 40% up to \$150 Non-Preferred Specialty: 50% up to \$150	Preferred Specialty: 40% up to \$150 Non-Preferred Specialty: 50% up to \$150	Preferred Specialty: 40% up to \$150 Non-Preferred Specialty: 50% up to \$150	Preferred Specialty: 40% up to \$150 AD Non-Preferred Specialty: 50% up to \$150 AD

See page 14 for footnotes

# Aetna SHOP first quarter 2021 plans & rates

## Ages 0 – 28

Plan name	0-14	15	16	17	18	19
DC Gold HNOOnly 70% \$25/40 E	\$377.59	\$377.59	\$377.59	\$377.59	\$377.59	\$377.59
DC Gold HNOOnly 500 90% \$25/40 E	\$387.85	\$387.85	\$387.85	\$387.85	\$387.85	\$387.85
DC Gold HNOOnly 1650 100% HSA T	\$361.14	\$361.14	\$361.14	\$361.14	\$361.14	\$361.14
DC Gold HNOOnly 1500 90% E	\$365.97	\$365.97	\$365.97	\$365.97	\$365.97	\$365.97
DC Gold OAEPO 70% \$25/40 E	\$362.24	\$362.24	\$362.24	\$362.24	\$362.24	\$362.24
DC Gold OAEPO 1650 100% HSA T	\$354.76	\$354.76	\$354.76	\$354.76	\$354.76	\$354.76
DC Gold OAEPO 500 90% \$25/40 E	\$379.51	\$379.51	\$379.51	\$379.51	\$379.51	\$379.51
DC Gold OAEPO 1500 90% E	\$359.63	\$359.63	\$359.63	\$359.63	\$359.63	\$359.63

Plan name	20	21	22	23	24	25
DC Gold HNOOnly 70% \$25/40 E	\$377.59	\$419.74	\$419.74	\$419.74	\$419.74	\$419.74
DC Gold HNOOnly 500 90% \$25/40 E	\$387.85	\$431.15	\$431.15	\$431.15	\$431.15	\$431.15
DC Gold HNOOnly 1650 100% HSA T	\$361.14	\$401.45	\$401.45	\$401.45	\$401.45	\$401.45
DC Gold HNOOnly 1500 90% E	\$365.97	\$406.82	\$406.82	\$406.82	\$406.82	\$406.82
DC Gold OAEPO 70% \$25/40 E	\$362.24	\$402.68	\$402.68	\$402.68	\$402.68	\$402.68
DC Gold OAEPO 1650 100% HSA T	\$354.76	\$394.36	\$394.36	\$394.36	\$394.36	\$394.36
DC Gold OAEPO 500 90% \$25/40 E	\$379.51	\$421.87	\$421.87	\$421.87	\$421.87	\$421.87
DC Gold OAEPO 1500 90% E	\$359.63	\$399.78	\$399.78	\$399.78	\$399.78	\$399.78



# Aetna SHOP first quarter 2021 plans & rates continued

## Ages 0 – 28

Plan name	26	27	28
DC Gold HNOOnly 70% \$25/40 E	\$419.74	\$419.74	\$429.56
DC Gold HNOOnly 500 90% \$25/40 E	\$431.15	\$431.15	\$441.23
DC Gold HNOOnly 1650 100% HSA T	\$401.45	\$401.45	\$410.84
DC Gold HNOOnly 1500 90% E	\$406.82	\$406.82	\$416.33
DC Gold OAEPO 70% \$25/40 E	\$402.68	\$402.68	\$412.09
DC Gold OAEPO 1650 100% HSA T	\$394.36	\$394.36	\$403.58
DC Gold OAEPO 500 90% \$25/40 E	\$421.87	\$421.87	\$431.74
DC Gold OAEPO 1500 90% E	\$399.78	\$399.78	\$409.13

## Ages 29 – 43

Plan name	29	30	31	32	33	34
DC Gold HNOOnly 70% \$25/40 E	\$438.79	\$449.76	\$461.31	\$471.70	\$482.67	\$494.22
DC Gold HNOOnly 500 90% \$25/40 E	\$450.72	\$461.98	\$473.85	\$484.52	\$495.79	\$507.65
DC Gold HNOOnly 1650 100% HSA T	\$419.68	\$430.17	\$441.21	\$451.15	\$461.65	\$472.69
DC Gold HNOOnly 1500 90% E	\$425.28	\$435.91	\$447.11	\$457.18	\$467.81	\$479.00
DC Gold OAEPO 70% \$25/40 E	\$420.95	\$431.48	\$442.56	\$452.53	\$463.05	\$474.13
DC Gold OAEPO 1650 100% HSA T	\$412.26	\$422.57	\$433.42	\$443.18	\$453.49	\$464.34
DC Gold OAEPO 500 90% \$25/40 E	\$441.02	\$452.05	\$463.66	\$474.10	\$485.13	\$496.73
DC Gold OAEPO 1500 90% E	\$417.92	\$428.37	\$439.37	\$449.27	\$459.72	\$470.71

# Aetna SHOP first quarter 2021 plans & rates continued

## Ages 29 – 43

Plan name	35	36	37	38	39	40
DC Gold HNOOnly 70% \$25/40 E	\$505.77	\$517.32	\$528.86	\$535.21	\$541.57	\$562.93
DC Gold HNOOnly 500 90% \$25/40 E	\$519.51	\$531.37	\$543.23	\$549.76	\$556.28	\$578.22
DC Gold HNOOnly 1650 100% HSA T	\$483.73	\$494.78	\$505.82	\$511.90	\$517.97	\$538.40
DC Gold HNOOnly 1500 90% E	\$490.19	\$501.39	\$512.58	\$518.73	\$524.89	\$545.59
DC Gold OAEPO 70% \$25/40 E	\$485.21	\$496.28	\$507.36	\$513.45	\$519.55	\$540.04
DC Gold OAEPO 1650 100% HSA T	\$475.19	\$486.04	\$496.89	\$502.85	\$508.82	\$528.89
DC Gold OAEPO 500 90% \$25/40 E	\$508.34	\$519.94	\$531.55	\$537.93	\$544.32	\$565.79
DC Gold OAEPO 1500 90% E	\$481.71	\$492.71	\$503.71	\$509.76	\$515.81	\$536.15

Plan name	41	42	43
DC Gold HNOOnly 70% \$25/40 E	\$584.87	\$607.96	\$631.63
DC Gold HNOOnly 500 90% \$25/40 E	\$600.76	\$624.48	\$648.79
DC Gold HNOOnly 1650 100% HSA T	\$559.39	\$581.47	\$604.11
DC Gold HNOOnly 1500 90% E	\$566.86	\$589.24	\$612.18
DC Gold OAEPO 70% \$25/40 E	\$561.09	\$583.24	\$605.95
DC Gold OAEPO 1650 100% HSA T	\$549.50	\$571.20	\$593.44
DC Gold OAEPO 500 90% \$25/40 E	\$587.84	\$611.05	\$634.84
DC Gold OAEPO 1500 90% E	\$557.05	\$579.05	\$601.59

# Aetna SHOP first quarter 2021 plans & rates continued

## Ages 44 – 58

Plan name	44	45	46	47	48	49
DC Gold HNOOnly 70% \$25/40 E	\$656.46	\$681.86	\$708.42	\$736.14	\$765.00	\$795.03
DC Gold HNOOnly 500 90% \$25/40 E	\$674.30	\$700.39	\$727.67	\$756.14	\$785.79	\$816.63
DC Gold HNOOnly 1650 100% HSA T	\$627.86	\$652.16	\$677.56	\$704.06	\$731.67	\$760.39
DC Gold HNOOnly 1500 90% E	\$636.25	\$660.87	\$686.61	\$713.47	\$741.45	\$770.55
DC Gold OAEPO 70% \$25/40 E	\$629.77	\$654.14	\$679.62	\$706.21	\$733.90	\$762.70
DC Gold OAEPO 1650 100% HSA T	\$616.77	\$640.64	\$665.59	\$691.63	\$718.75	\$746.96
DC Gold OAEPO 500 90% \$25/40 E	\$659.80	\$685.33	\$712.02	\$739.88	\$768.89	\$799.07
DC Gold OAEPO 1500 90% E	\$625.24	\$649.43	\$674.73	\$701.12	\$728.62	\$757.21

Plan name	50	51	52	53	54	55
DC Gold HNOOnly 70% \$25/40 E	\$826.20	\$858.54	\$892.02	\$926.67	\$963.04	\$1,000.57
DC Gold HNOOnly 500 90% \$25/40 E	\$848.65	\$881.86	\$916.26	\$951.84	\$989.20	\$1,027.75
DC Gold HNOOnly 1650 100% HSA T	\$790.21	\$821.13	\$853.16	\$886.29	\$921.08	\$956.98
DC Gold HNOOnly 1500 90% E	\$800.76	\$832.10	\$864.56	\$898.13	\$933.38	\$969.76
DC Gold OAEPO 70% \$25/40 E	\$792.61	\$823.63	\$855.76	\$888.99	\$923.88	\$959.89
DC Gold OAEPO 1650 100% HSA T	\$776.25	\$806.63	\$838.09	\$870.63	\$904.81	\$940.07
DC Gold OAEPO 500 90% \$25/40 E	\$830.40	\$862.90	\$896.56	\$931.37	\$967.93	\$1,005.65
DC Gold OAEPO 1500 90% E	\$786.91	\$817.70	\$849.60	\$882.59	\$917.23	\$952.98

# Aetna SHOP first quarter 2021 plans & rates continued

## Ages 44 - 58

Plan name	56	57	58
DC Gold HNOOnly 70% \$25/40 E	\$1,039.83	\$1,080.24	\$1,122.39
DC Gold HNOOnly 500 90% \$25/40 E	\$1,068.08	\$1,109.59	\$1,152.89
DC Gold HNOOnly 1650 100% HSA T	\$994.53	\$1,033.18	\$1,073.49
DC Gold HNOOnly 1500 90% E	\$1,007.81	\$1,046.98	\$1,087.83
DC Gold OAEPO 70% \$25/40 E	\$997.55	\$1,036.32	\$1,076.76
DC Gold OAEPO 1650 100% HSA T	\$976.96	\$1,014.93	\$1,054.53
DC Gold OAEPO 500 90% \$25/40 E	\$1,045.11	\$1,085.73	\$1,128.09
DC Gold OAEPO 1500 90% E	\$990.37	\$1,028.86	\$1,069.01

## Ages 59+

Plan name	59	60	61	62	63	64+
DC Gold HNOOnly 70% \$25/40 E	\$1,166.27	\$1,211.88	\$1,259.21	\$1,259.21	\$1,259.21	\$1,259.21
DC Gold HNOOnly 500 90% \$25/40 E	\$1,197.96	\$1,244.81	\$1,293.43	\$1,293.43	\$1,293.43	\$1,293.43
DC Gold HNOOnly 1650 100% HSA T	\$1,115.46	\$1,159.08	\$1,204.35	\$1,204.35	\$1,204.35	\$1,204.35
DC Gold HNOOnly 1500 90% E	\$1,130.36	\$1,174.56	\$1,220.44	\$1,220.44	\$1,220.44	\$1,220.44
DC Gold OAEPO 70% \$25/40 E	\$1,118.85	\$1,162.61	\$1,208.02	\$1,208.02	\$1,208.02	\$1,208.02
DC Gold OAEPO 1650 100% HSA T	\$1,095.75	\$1,138.61	\$1,183.08	\$1,183.08	\$1,183.08	\$1,183.08
DC Gold OAEPO 500 90% \$25/40 E	\$1,172.20	\$1,218.04	\$1,265.61	\$1,265.61	\$1,265.61	\$1,265.61
DC Gold OAEPO 1500 90% E	\$1,110.80	\$1,154.24	\$1,199.32	\$1,199.32	\$1,199.32	\$1,199.32

# Exclusions and limitations

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

- All medical or hospital services not specifically covered or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Adult dental care and x-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan
- Non-medically necessary services or supplies
- Orthotics except as specified in the plan
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Weight reduction programs, or dietary supplements

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes.

Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's network provider is coordinating care, the network provider will obtain the precertification. Precertification requirements may vary.

If your plan covers outpatient prescription drugs, your plan includes a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step therapy, please refer to our website at [Aetna.com](http://Aetna.com), or the Aetna Medication Formulary Guide. Aetna or its affiliate(s) receives rebates from drug manufacturers. Rebates may not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

# Footnotes

"AD" indicates after deductible and "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.

Note: Please refer to Aetna's Producer World® web site at [aetna.com](http://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.

**<sup>1</sup>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 plan year.

**<sup>2</sup>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 plan year.

**<sup>3</sup>Rehabilitation services** – No visit limitation per plan year for PT/OT/ST and Chiro. Benefit limits are not shared between rehabilitation and habilitation services.

**<sup>4</sup>Walk-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.

**<sup>5</sup>Vision and Dental services** – These plans do not cover all dental and vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent. – Important Notes: This plan will cover 1 set of frames and 1 set of contact lenses or eyeglass lenses per plan year. Covered ages 0-19.

**<sup>6</sup>Pharmacy** – The drug formulary includes Precertification, Step therapy and Quantity limits. Choose generics applies. Members must obtain all specialty medication fills through the Aetna Specialty Pharmacy network. Performance enhancing drugs are limited to 6 pills per month. Fertility drugs are excluded. Pharmacy copays stated above are for up to a 30 day supply at Retail. Mail order delivery (MOD) available for 31-90 day supply at 2.5 times the retail copay.

## Network

How your out-of-network care is reimbursed: We cover the cost of services based on whether doctors are "in-network" or "out-of-network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care. You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of our network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital. When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.

**Professional Services:** N/A

**Facility Services:** N/A

Your provider sets his or her own rate to charge you. It may be higher – sometimes much higher – than what your Aetna plan "recognizes." Your provider may bill you for the dollar amount that your plan doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out of network benefits visit [aetna.com](http://aetna.com). Type "network care" in the search box. You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Refer to the 'Find a Doctor' link on [aetna.com](http://aetna.com) for a listing of network providers under the heading "Small Group Under 51 Employees". If you are already a member, sign on to your member website.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

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 or its affiliate(s) receives rebates from drug manufacturers. Rebates may not reduce the amount a member pays the pharmacy for covered prescriptions. Choose Generic: For PPO based plans the cost difference penalty for choose generics does not apply to the members accumulators. For HMO based plans the cost difference penalty does apply to the members accumulators. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website.



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