

Aetna Leap plan options in Arizona

	BRONZE LEVEL		
Plan name	Aetna Leap Basic HSA	Aetna Leap Basic	Aetna Leap Basic Plus
	In network you pay	In network you pay	In network you pay
In-network deductible and out-of-pocket maximum — individual	\$6,450	\$6,850	\$6,850
In-network deductible and out-of-pocket maximum — family	\$12,900	\$13,700	\$13,700
In-network coinsurance	0%	0%	0%
Primary care physician	Deductible applies*	Deductible applies*	Deductible applies*
Specialist	Deductible applies*	Deductible applies*	Deductible applies*
Specialists for diabetes**	Deductible applies*	Deductible applies*	Deductible applies*
Lab	Deductible applies*	Deductible applies*	Deductible applies*
Urgent care	Deductible applies*	Deductible applies*	\$10
Virtual medicine	Deductible applies*	\$15	\$10
Retail clinic	Deductible applies*	\$25	\$10
Generic prescriptions	Deductible applies*	Deductible applies*	\$10 (\$20 for mail-order delivery)
Brand prescriptions (preferred)	Deductible applies*	Deductible applies*	Deductible applies*
Diabetic supplies	Deductible applies*	Deductible applies*	Deductible applies*
Preventive care	No charge	No charge	No charge
All other services, supplies or prescriptions	Deductible applies*	Deductible applies*	Deductible applies*
	View SBC	View SBC	View SBC

*“Deductible applies” means that you pay for these services until you reach your deductible. Once you reach the deductible, you have no cost sharing for any covered services — not even a copay.

**Includes ophthalmologists, podiatrists, endocrinologists, dietitians, vascular specialists, psychiatrists and psychologists.

SILVER LEVEL		GOLD LEVEL	
Aetna Leap Everyday	Aetna Leap Everyday Plus	Aetna Leap Specialty	Aetna Leap Diabetes
In network you pay	In network you pay	In network you pay	In network you pay
\$5,250	\$4,510	\$3,500	\$3,500
\$10,500	\$9,020	\$7,000	\$7,000
0%	0%	0%	0%
\$25	\$10	\$10	\$10
Deductible applies*	Deductible applies*	\$75	\$100
Deductible applies*	Deductible applies*	\$75	\$10
\$25	\$10	\$10	\$10
\$25	\$10	\$10	\$10
\$25	\$10	No charge	No charge
\$25	\$10	Deductible applies*	Deductible applies*
\$10 (\$20 for mail-order delivery)	\$10 (\$20 for mail-order delivery)	\$5 (\$10 for mail-order delivery)	\$5 (\$10 for mail-order delivery)
Deductible applies*	Deductible applies*	\$50 (\$100 for mail-order delivery)	\$50 (\$100 for mail-order delivery)
Deductible applies*	Deductible applies*	Deductible applies*	No charge
No charge	No charge	No charge	No charge
Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
View SBC	View SBC	View SBC	View SBC

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are not available for HMO plans, except in an emergency.

To learn more details about specific plans, including whether a plan includes out-of-network benefits, see the plan documents and the Summary of Benefits and Coverage (SBC). The link to the SBC is listed above with the benefits for each plan.

This information is a partial description of the benefits and in no way details all of the benefits, limitations or exclusions of the plan. Please refer to the individual policy, schedule of benefits and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.