

Plan name	DE PPO 2500 1	.00/50 \$40	DE PPO 2500 80/50 HSA TIF		DE PPO 1500 9	DE PPO 1500 90/50 HSA TIF		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network		
Deductible (Individual/Family)	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	\$1,500/\$3,000	\$5,000/\$10,000		
Out-of-pocket limit (Individual/Family)	\$6,350/\$12,700	\$10,000/\$20,000	\$3,425/\$6,850	\$10,000/\$20,000	\$3,425/\$6,850	\$10,000/\$20,000		
Deductible and out-of-pocket limit accumulation	Embedo	led ¹	TIF	2	TIF	2		
Primary care physician office visit	\$40 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Specialist office visit	\$60 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Walk-in clinics	\$40 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Diagnostic testing: Lab	Covered in full; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Diagnostic testing: X-ray	\$60 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Imaging CT/PET scans MRIs	\$200 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Inpatient hospital facility	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Outpatient surgery	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Emergency room	\$200 copay; deductible waived	Paid as In-Network	20% after deductible	Paid as In-Network	10% after deductible	Paid as In-Network		
Urgent care	\$75 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Rehabilitation services (PT/OT/ST) ³	\$60 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible		
Chiropractic ⁴	25% deductible waived	25% after deductible	20% after deductible	25% after deductible	10% after deductible	25% after deductible		
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network		
Pharmacy Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible		
Preferred generic drugs	\$10 copay	50%	Low Cost Generic: \$10 copay after deductible	Low Cost Generic: 50%	Low Cost Generic: \$10 copay after deductible	Low Cost Generic: 50%		
Preferred brand drugs	\$50 copay	50%	\$50 copay after deductible	50%	\$50 copay after deductible	50%		
Nonpreferred drugs	\$75 copay	50%	Generic & Brand: \$75 copay after deductible	Generic & Brand: 50%	Generic & Brand: \$75 copay after deductible	Generic & Brand: 50%		
Specialty drugs	Specialty: 50% up to \$150	Specialty: 50%	Preferred Specialty: \$150 copay after deductible	Preferred Specialty: Not Covered	Preferred Specialty: \$150 copay after deductible	Preferred Specialty: Not Covered		

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



HealthNetworkOptionOpenAccess | DE 2015-2016

Member benefits

Plan name	DE HNOption 5	000 100/50	DE HNOption 3	3000 100/50	DE HNOption 2	2500 100/50	DE HNOption 250	0 100/50 \$40	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	
Out-of-pocket limit (Individual/Family)	\$6,600/\$13,200	\$10,000/\$20,000	\$6,600/\$13,200	\$10,000/\$20,000	\$6,350/\$12,700	\$10,000/\$20,000	\$6,350/\$12,700	\$10,000/\$20,000	
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		TIF	TIF ²		Embedded ¹	
Primary care physician office visit	\$20 copay; deductible waived	50% after deductible	\$20 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	\$40 copay; deductible waived	50% after deductible	
Specialist office visit	Covered in full after deductible	50% after deductible	\$40 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$60 copay; deductible waived	50% after deductible	
Walk-in clinics	\$20 copay; deductible waived	50% after deductible	\$20 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	\$40 copay; deductible waived	50% after deductible	
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full; deductible waived	50% after deductible	
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$60 copay; deductible waived	50% after deductible	
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$200 copay; deductible waived	50% after deductible	
Inpatient hospital facility	Covered in full after deductible	50% after deductible	\$250 copay per admission after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	
Outpatient surgery	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	
Emergency room	Covered in full after deductible	Paid as In-Network	\$200 copay after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	
Urgent care	Covered in full after deductible	50% after deductible	\$40 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible	
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	50% after deductible	\$40 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$60 copay; deductible waived	50% after deductible	
Chiropractic ⁴	25% after deductible	25% after deductible	25% after deductible	25% after deductible	Covered in full after deductible	25% after deductible	25% deductible waived	25% after deductible	
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None	
Preferred generic drugs	\$10 copay; deductible waived	Not Covered	\$10 copay; deductible waived	Not Covered	\$10 copay	Not Covered	\$10 copay	Not Covered	
Preferred brand drugs	\$50 copay after deductible	Not Covered	\$50 copay after deductible	Not Covered	\$50 copay	Not Covered	\$50 copay	Not Covered	
Nonpreferred drugs	\$75 copay after deductible	Not Covered	\$75 copay after deductible	Not Covered	\$75 copay	Not Covered	\$75 copay	Not Covered	
Specialty drugs	Specialty: 50% up to \$150 after deductible	Specialty: Not Covered	Specialty: 50% up to \$150 after deductible	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	

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Plan name	DE HNOption 2500 80/50 HSA TIF		DE HNOption 2500 70/50 \$30		DE HNOption 2000 100/50 \$30		DE HNOption 2000 80/50 \$30		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible (Individual/Family)	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$5,000/\$10,000	\$2,000/\$4,000	\$5,000/\$10,000	
Out-of-pocket limit (Individual/Family)	\$3,425/\$6,850	\$10,000/\$20,000	\$6,350/\$12,700	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	
Deductible and out-of-pocket limit accumulation	TI	F ²	Embedded ¹		Embed	Embedded ¹		Embedded ¹	
Primary care physician office visit	20% after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	
Specialist office visit	20% after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	
Walk-in clinics	20% after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	
Diagnostic testing: Lab	20% after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	Covered in full; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	
Diagnostic testing: X-ray	20% after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	30% after deductible	50% after deductible	\$200 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	
Inpatient hospital facility	20% after deductible	50% after deductible	30% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	
Outpatient surgery	20% after deductible	50% after deductible	30% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	
Emergency room	20% after deductible	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	
Urgent care	20% after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	
Rehabilitation services (PT/OT/ST) ³	20% after deductible	50% after deductible	30% after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	
Chiropractic ⁴	20% after deductible	25% after deductible	25% after deductible	25% after deductible	25% deductible waived	25% after deductible	20% after deductible	25% after deductible	
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None	None	None	
Preferred generic drugs	Low Cost Generic: \$10 copay after deductible	Generic: Not Covered	\$10 copay	Not Covered	\$10 copay	Not Covered	\$10 copay	Not Covered	
Preferred brand drugs	\$50 copay after deductible	Not Covered	\$50 copay	Not Covered	\$50 copay	Not Covered	\$50 copay	Not Covered	
Nonpreferred drugs	Generic & Brand: \$75 copay after deductible	Generic & Brand: Not Covered	\$75 copay	Not Covered	\$75 copay	Not Covered	\$75 copay	Not Covered	
Specialty drugs	Preferred Specialty: \$150 copay after deductible	Preferred Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	

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Plan name	DE HNOption 1500 100/50		DE HNOption 1500 100/50 \$30		DE HNOption 1500 90/50 HSA TIF		DE HNOption 1500 80/50 \$30		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible (Individual/Family)	\$1,500/\$3,000	\$5,000/\$10,000	\$1,500/\$3,000	\$5,000/\$10,000	\$1,500/\$3,000	\$5,000/\$10,000	\$1,500/\$3,000	\$5,000/\$10,000	
Out-of-pocket limit (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$3,425/\$6,850	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	
Deductible and out-of-pocket limit accumulation	TIF ²		Embed	Embedded ¹		TIF ²		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	10% after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	
Specialist office visit	Covered in full after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	10% after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	
Walk-in clinics	Covered in full after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	10% after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	Covered in full; deductible waived	50% after deductible	10% after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible	
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	10% after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	\$200 copay; deductible waived	50% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	
Inpatient hospital facility	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	
Outpatient surgery	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	
Emergency room	Covered in full after deductible	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	10% after deductible	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	
Urgent care	Covered in full after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible	10% after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible	
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	50% after deductible	\$50 copay; deductible waived	50% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	
Chiropractic ⁴	Covered in full after deductible	25% after deductible	25% deductible waived	25% after deductible	10% after deductible	25% after deductible	20% after deductible	25% after deductible	
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	
Preferred generic drugs	\$10 copay	Not Covered	\$10 copay	Not Covered	Low Cost Generic: \$10 copay after deductible	Generic: Not Covered	\$10 copay	Not Covered	
Preferred brand drugs	\$50 copay	Not Covered	\$50 copay	Not Covered	\$50 copay after deductible	Not Covered	\$50 copay	Not Covered	
Nonpreferred drugs	\$75 copay	Not Covered	\$75 copay	Not Covered	Generic & Brand: \$75 copay after deductible	Generic & Brand: Not Covered	\$75 copay	Not Covered	
Specialty drugs	Specialty: 50% up to \$150	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	Preferred Specialty: \$150 copay after deductible	Preferred Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	

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Plan name	DE HNOption 100	00 100/50 \$20	DE HNOption 10	00 80/50 \$30	DE HNOption	100/50 500D	DE HNOption :	100/50 300D
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$1,000/\$2,000	\$5,000/\$10,000	\$1,000/\$2,000	\$5,000/\$10,000	\$0/\$0	\$5,000/\$10,000	\$0/\$0	\$5,000/\$10,000
Out-of-pocket limit (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		NA/Emb	edded ¹	NA/Embedded ¹	
Primary care physician office visit	\$20 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay	50% after deductible	\$20 copay	50% after deductible
Specialist office visit	\$40 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay	50% after deductible	\$40 copay	50% after deductible
Walk-in clinics	\$20 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay	50% after deductible	\$20 copay	50% after deductible
Diagnostic testing: Lab	Covered in full; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible
Diagnostic testing: X-ray	\$40 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay	50% after deductible	\$40 copay	50% after deductible
Imaging CT/PET scans MRIs	\$200 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	\$200 copay	50% after deductible	\$200 copay	50% after deductible
Inpatient hospital facility	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	\$500/d, days 1-5	50% after deductible	\$300/d, days 1-5	50% after deductible
Outpatient surgery	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	\$500 copay	50% after deductible	\$300 copay	50% after deductible
Emergency room	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	\$200 copay	Paid as In-Network	\$200 copay	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay	50% after deductible	\$75 copay	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$40 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	\$50 copay	50% after deductible	\$40 copay	50% after deductible
Chiropractic ⁴	25% deductible waived	25% after deductible	20% after deductible	25% after deductible	25%	25% after deductible	25%	25% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	None	None
Preferred generic drugs	\$10 copay	Not Covered	\$10 copay	Not Covered	\$10 copay	Not Covered	\$10 copay	Not Covered
Preferred brand drugs	\$35 copay	Not Covered	\$35 copay	Not Covered	\$50 copay	Not Covered	\$35 copay	Not Covered
Nonpreferred drugs	\$60 copay	Not Covered	\$60 copay	Not Covered	\$75 copay	Not Covered	\$60 copay	Not Covered
Specialty drugs	Specialty: 50% up to \$150	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered	Specialty: 50% up to \$150	Specialty: Not Covered

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Plan name	DE Indemnity 2000 80%			
	Out of I	Network		
Deductible (Individual/Family)	\$2,000/\$4,000			
Out-of-pocket limit (Individual/Family)	\$6,000/\$12,000			
Deductible and out-of-pocket limit accumulation	Embedded ¹			
Primary care physician office visit	20% after deductible			
Specialist office visit	20% after deductible			
Walk-in clinics	Not Covered			
Diagnostic testing: Lab	20% after deductible			
Diagnostic testing: X-ray	20% after deductible			
Imaging CT/PET scans MRIs	20% after deductible			
Inpatient hospital facility	20% after deductible			
Outpatient surgery	20% after deductible			
Emergency room	20% after deductible			
Urgent care	20% after	deductible		
Rehabilitation services (PT/OT/ST) ³	20% after	deductible		
Chiropractic ⁴	20% after deductible			
Pharmacy ⁵	In Network	Out of Network		
Pharmacy Deductible	Integrated with Medical Integrated with Medi Deductible Deductible			
Preferred generic drugs	20% after deductible	20% after deductible		
Preferred brand drugs	20% after deductible	20% after deductible		
Nonpreferred drugs	20% after deductible	20% after deductible		
Specialty drugs	Specialty: 20% after deductible	Specialty: 20% after deductible		

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Footnotes

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 **www.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.

- ¹ 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.
- ² 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.
- ³ Rehabilitation services Coverage is limited to 30 visits per plan year. Benefit limits are shared between PT/OT and rehabilitation and habilitation services. Speech Therapy is limited to 30 visits per plan year.
- ⁴ Chiropractic/subluxation services and physical/speech therapy have a combined limit of 20 visits per plan year.

⁵ Pharmacy

Choose Generics applies - If the physician prescribes or the member requests a covered brand name prescription drug when a generic prescription drug equivalent is available, the member will pay the difference in cost between the brand name prescription drug and the generic prescription drug equivalent plus the applicable cost-sharing. The cost difference between the generic and brand does not count toward the Out of Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.

Choose Generic applies - 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 Out of Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.

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 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: 90% of Medicare Facility Services: 90% of Medicare

Your doctor sets his or her own rate to charge you. It may be higher – sometimes much higher – than what your Aetna plan "recognizes." Your doctor 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. Type "how Aetna pays" in the search box. You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out of network. When you have no choice (usually, for emergency services), some of our plans pay the bill as if you got care in network. For those plans, you pay cost sharing and deductibles based on your in-network level of benefits. You do not have to pay anything else. Other plans pay the bill differently. And, under those plans, you may be responsible for more than your in-network cost sharing. The additional amounts could be very large. Look at your plan or contact us to find out more about how your plan pays for emergency services.

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