

Aetna Funding Advantage Essentials Plans

Open Access Aetna Select | Effective 9/1/2019

Plan name	Deductible (Individual/Family)	Out-of-pocket limit (Individual/Family)	Copays (PCP/Specialist)	Emergency room	Urgent care	Pharmacy Deductible	Low Cost and Preferred Generic drugs (Tier 1A Value/ Tier 1)	Preferred Brand drugs/ Nonpreferred Generic and Brand drugs	Preferred Speciality drugs/ Nonpreferred Speciality drugs
500 100%	\$500/\$1,000	\$3,500/\$7,000	\$10 copay; deductible waived/ \$75 copay; deductible waived	\$500 copay after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
1000 100%	\$1,000/\$2,000	\$4,500/\$9,000	\$10 copay; deductible waived/ \$75 copay; deductible waived	\$500 copay after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
1500 100%	\$1,500/\$3,000	\$5,500/\$11,000	\$10 copay; deductible waived/ \$75 copay; deductible waived	\$500 copay after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
3000 100%	\$3,000/\$6,000	\$6,000/\$12,000	\$10 copay; deductible waived/ \$100 copay; deductible waived	\$500 copay after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
5000 100%	\$5,000/\$10,000	\$7,500/\$15,000	\$10 copay; deductible waived/ \$100 copay; deductible waived	\$500 copay after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
7000 100%	\$7,000/\$14,000	\$7,900/\$15,800	\$10 copay; deductible waived/ \$100 copay; deductible waived	\$500 copay after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay

Aetna Funding Advantage Essentials Plans

Open Access Aetna Select | Effective 9/1/2019

Plan name	Deductible (Individual/Family)	Out-of-pocket limit (Individual/Family)	Copays (PCP/Specialist)	Emergency room	Urgent care	Pharmacy Deductible	Low Cost and Preferred Generic drugs (Tier 1A Value/ Tier 1)	Preferred Brand drugs/ Nonpreferred Generic and Brand drugs	Preferred Speciality drugs/ Nonpreferred Speciality drugs
1000 80%	\$1,000/\$2,000	\$5,500/\$11,000	\$10 copay; deductible waived/ \$75 copay; deductible waived	20% after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
1500 80%	\$1,500/\$3,000	\$6,000/\$12,000	\$10 copay; deductible waived/ \$75 copay; deductible waived	20% after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
2500 80%	\$2,500/\$5,000	\$7,000/\$14,000	\$10 copay; deductible waived/ \$100 copay; deductible waived	20% after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
4000 80%	\$4,000/\$8,000	\$7,500/\$15,000	\$10 copay; deductible waived/ \$100 copay; deductible waived	20% after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
1000 50%	\$1,000/\$2,000	\$5,000/\$10,000	\$10 copay; deductible waived/ \$100 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay
4500 50%	\$4,500/\$9,000	\$7,500/\$15,000	\$10 copay; deductible waived/ \$100 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	None	\$2 copay/\$10 copay	\$50 copay/\$100 copay	\$250 copay/ \$500 copay

Aetna Funding Advantage Essentials Plans

Open Access Aetna Select | Effective 9/1/2019

Plan name	Deductible (Individual/Family)	Out-of-pocket limit (Individual/Family)	Copays (PCP/Specialist)	Emergency room	Urgent care	Pharmacy Deductible	Low Cost and Preferred Generic drugs (Tier 1A Value/ Tier 1)	Preferred Brand drugs/ Nonpreferred Generic and Brand drugs	Preferred Speciality drugs/ Nonpreferred Speciality drugs
2000 HSA 100%	\$2,000/\$4,000	\$6,750/\$6,750	\$10 copay after deductible/ \$75 copay after deductible	\$250 copay after deductible	\$50 copay after deductible	Integrated with Medical	\$2 copay after deductible/ \$10 copay after deductible	\$50 copay after deductible/ \$100 copay after deductible	\$250 copay after deductible/ \$500 copay after deductible
3000 HSA 80% Emb	\$3,000/\$6,000	\$6,750/\$13,500	\$25 copay after deductible/ \$75 copay after deductible	20% after deductible	20% after deductible	Integrated with Medical	\$2 copay after deductible/ \$10 copay after deductible	\$50 copay after deductible/ \$100 copay after deductible	\$250 copay after deductible/ \$500 copay after deductible
6750 HSA 100% Emb	\$6,750/\$13,500	\$6,750/\$13,500	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Integrated with Medical	Covered in full after deductible	Covered in full after deductible/ Covered in full after deductible	Covered in full after deductible/ Covered in full after deductible

Footnotes

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 plans only provide access to covered benefits when provided by a network provider. The plans do not provide access to covered benefits when provided by an out-of-network provider, except for emergency care provided for an emergency medical condition. The plans will pay for the emergency care subject to in-network benefits.

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.

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 Deductible or Out of Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Small Group Value Plus Formulary) to understand which drugs are covered. Precertification and step therapy applies.

Mandatory Maintenance Choice – Members can choose the most convenient place to fill 90-day supplies of their maintenance drugs – from CVS Caremark® Mail Service Pharmacy or CVS pharmacy retail locations. A 90-day supply of maintenance drugs is required to be filled at CVS Caremark® Mail Service Pharmacy or CVS pharmacy retail locations after two retail fills. Otherwise, the member will be responsible for 100 percent of the cost-share. All maintenance medicines used regularly to treat chronic conditions like arthritis, asthma, diabetes or high cholesterol are part of the Mandatory Maintenance Choice program.

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 Advantage (AFA) plans are self-funded, meaning the benefits coverage is offered by the employer. Aetna Life Insurance Company only provides administrative services and offers stop loss insurance coverage to the employer.

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, health/dental insurance and life insurance plans/policies contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan features and availability may vary by location and group size. 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 and life 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 receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. 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 www.aetna.com.

