

Aetna Funding Advantage Essentials Plans

Open Access Aetna Select Plans Effective 10/1/2022

Plan name	Deductible (Individual/Family)	Out-of-pocket limit (Individual/Family)	Coinsurance	PCP Office Visit	Specialist Office Visit	Walk-in clinics* (Designated Walk-in Clinics / All Other Network Providers)	Urgent care	Emergency room	Lab / X-ray	Inpatient hospital	Pharmacy Deductible	Pharmacy** (Low Cost and Preferred Generic (Tier 1A Value / Tier 1) / Preferred Brand / Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty)
Essentials 100% \$25 \$1000D ***	\$0/\$0	\$6,500/\$13,000	0%	\$25	\$100	\$0 / \$25	\$50	\$500	\$25 / \$75	\$1,000 per day, maximum of \$4,000 per admission	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 100% \$30 \$1500D ***	\$0/\$0	\$8,150/\$16,300	0%	\$30	\$125	\$0 / \$30	\$50	\$750	\$25 / \$75	\$1,500 per day, maximum of \$4,500 per admission	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 500 100% ***	\$500/\$1,000	\$5,000/\$10,000	0%	\$15 DW	\$75 DW	\$0 DW / \$15 DW	\$50 DW	\$750 AD	\$25 DW / \$0 AD	Covered in full AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 1000 100% ***	\$1,000/\$2,000	\$5,000/\$10,000	0%	\$15 DW	\$75 DW	\$0 DW / \$15 DW	\$50 DW	\$750 AD	\$25 DW / \$0 AD	Covered in full AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 1500 100% ***	\$1,500/\$3,000	\$6,000/\$12,000	0%	\$15 DW	\$75 DW	\$0 DW / \$15 DW	\$50 DW	\$750 AD	\$25 DW / \$0 AD	Covered in full AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 3000 100% ***	\$3,000/\$6,000	\$6,500/\$13,000	0%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$750 AD	\$25 DW / \$0 AD	Covered in full AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 5000 100% ***	\$5,000/\$10,000	\$8,150/\$16,300	0%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$750 AD	\$25 DW / \$0 AD	Covered in full AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 6000 100% ***	\$6,000/\$12,000	\$8,150/\$16,300	0%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$750 AD	\$25 DW / \$0 AD	Covered in full AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 7000 100% ***	\$7,000/\$14,000	\$8,150/\$16,300	0%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$750 AD	\$25 DW / \$0 AD	Covered in full AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 1000 80% ***	\$1,000/\$2,000	\$6,000/\$12,000	20%	\$15 DW	\$75 DW	\$0 DW / \$15 DW	\$50 DW	\$500 copay plus 20% AD	\$25 DW / 20% AD	20% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 1500 80% ***	\$1,500/\$3,000	\$6,500/\$13,000	20%	\$15 DW	\$75 DW	\$0 DW / \$15 DW	\$50 DW	\$500 copay plus 20% AD	\$25 DW / 20% AD	20% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 2500 80% ***	\$2,500/\$5,000	\$7,500/\$15,000	20%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$500 copay plus 20% AD	\$25 DW / 20% AD	20% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 4000 80% ***	\$4,000/\$8,000	\$8,150/\$16,300	20%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$500 copay plus 20% AD	\$25 DW / 20% AD	20% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 7350 80% ***	\$7,350/\$14,700	\$8,150/\$16,300	20%	\$25 DW	\$125 DW	\$0 DW / \$25 DW	\$50 DW	\$500 copay plus 20% AD	\$25 DW / 20% AD	20% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 1000 50% ***	\$1,000/\$2,000	\$6,500/\$13,000	50%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$500 copay plus 50% AD	\$25 DW / 50% AD	50% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 4500 50% ***	\$4,500/\$9,000	\$8,150/\$16,300	50%	\$15 DW	\$100 DW	\$0 DW / \$15 DW	\$50 DW	\$500 copay plus 50% AD	\$25 DW / 50% AD	50% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575
Essentials 7000 50% ***	\$7,000/\$14,000	\$8,150/\$16,300	50%	\$25 DW	\$125 DW	\$0 DW / \$25 DW	\$50 DW	\$500 copay plus 50% AD	\$25 DW / 50% AD	50% AD	None	\$2 / \$15 / \$85 / \$125 / \$275 / \$575

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Essentials 6750 100% IntRX***	\$6,750/\$13,500	\$8,150/\$16,300	0%	\$25 DW	\$125 AD	\$0 DW / \$25 DW	\$50 DW	\$750 AD	\$0 AD / \$0 AD	\$1,000 copay per admission AD	Integrated with Medical	\$2 DW / \$15 DW / \$85 AD / \$125 DW NP Gen / \$125 AD NP Brand / \$275 AD / \$575 AD
Essentials 8150 100% IntRX***	\$8,150/\$16,300	\$8,150/\$16,300	0%	Covered in full DW	Covered in full AD	Covered in full DW / Covered in full AD	Covered in full DW	Covered in full AD	Covered in full AD / Covered in full AD	Covered in full AD	Integrated with Medical	\$0 DW / \$0 DW / \$0 AD / \$0 DW NP Gen / \$0 AD NP Brand / \$0 AD / \$0 AD
Essentials 8700 100% IntRX***	\$8,700/\$17,400	\$8,700/\$17,400	0%	Covered in full DW	Covered in full AD	Covered in full DW / Covered in full AD	Covered in full DW	Covered in full AD	Covered in full AD / Covered in full AD	Covered in full AD	Integrated with Medical	\$0 DW / \$0 DW / \$0 AD / \$0 DW NP Gen / \$0 AD NP Brand / \$0 AD / \$0 AD
Essentials 2500 HSA 100%†	\$2,500/\$5,000	\$6,900/\$6,900	0%	\$15 AD	\$75 AD	\$0 AD / \$15 AD	\$50 AD	\$500 AD	\$0 AD / \$0 AD	\$500 copay per admission AD	Integrated with Medical	\$2 AD / \$15 AD / \$85 AD / \$125 AD / \$275 AD / \$575 AD
Essentials 3500 HSA 80% E***	\$3,500/\$7,000	\$6,900/\$13,800	20%	\$25 AD	\$100 AD	\$0 AD / \$25 AD	20% AD	\$500 copay plus 20% AD	20% AD / 20% AD	20% AD	Integrated with Medical	\$2 AD / \$15 AD / \$85 AD / \$125 AD / \$275 AD / \$575 AD
Essentials 5000 HSA 50% E***	\$5,000/\$10,000	\$6,900/\$13,800	50%	\$25 AD	\$100 AD	\$0 AD / \$25 AD	50% AD	50% AD	50% AD / 50% AD	50% AD	Integrated with Medical	\$2 AD / \$15 AD / \$85 AD / \$125 AD / \$275 AD / \$575 AD
Essentials 6900 HSA 100% E***	\$6,900/\$13,800	\$6,900/\$13,800	0%	Covered in full AD	Covered in full AD	Covered in full AD / Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD / Covered in full AD	Covered in full AD	Integrated with Medical	Covered in full AD
Value 8150 100%***	\$8,150/\$16,300	\$8,150/\$16,300	0%	Covered in full AD	Covered in full AD	Covered in full DW / Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD / Covered in full AD	Covered in full AD	Integrated with Medical	Covered in full AD
Value 8700 100%***	\$8,700/\$17,400	\$8,700/\$17,400	0%	Covered in full AD	Covered in full AD	Covered in full DW / Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD / Covered in full AD	Covered in full AD	Integrated with Medical	Covered in full AD

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. Open Access Aetna Select (OAAS) plans only provide access to covered benefits when provided by a network provider. The OAAS plans do not cover services from an out-of-network provider, except for emergency care provided for an emergency medical condition. The OAAS plans will pay for the emergency care as in-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.

***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.

****Choose Generics** - 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 (Advanced Control Plan - Aetna Formulary) to understand which drugs are covered. Precertification and step therapy applies.

****Maintenance 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.

****Specialty** - First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through the Aetna Specialty Performance Network. True Accumulation applies.

****Preventive Medications (IntRX, HSA and Value plans)** - Deductible is waived for certain preventive medications.

*****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 year.

†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 year.

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[™] plans are self-insured by the employer and administered by Aetna Life Insurance Company. Stop loss insurance coverage is offered by Aetna Life Insurance Company.

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