



Aetna 1-50

HealthNetworkOnly OpenAccess

DC 01/01/2016

Member benefits

Plan name	DC Gold HNOOnly 70%	DC Gold HNOOnly 500 90%	DC Gold HNOOnly SJ 1500 100%	DC Gold HNOOnly 1700 100% HAS	DC Gold HNOOnly 2000 70%	DC Silver HNOOnly SJ 2500 100%	DC Silver HNOOnly 2500 90% HAS	DC Bronze HNOOnly 5000 80% HSA Emb	DC Bronze HNOOnly 5400 100% HSA Emb
	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Plan year deductible (Individual/Family)	\$0/\$0	\$500/\$1,000	\$1,500/\$3,000	\$1,700/\$3,400	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,400/\$10,800
Plan out-of-pocket limit (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$3,500/\$7,000	\$2,500/\$5,000	\$4,000/\$8,000	\$6,850/\$13,700	\$3,225/\$6,450	\$6,450/\$12,900	\$6,450/\$12,900
Deductible and out-of-pocket limit accumulation	NA/Embedded ¹	Embedded ¹	Embedded ¹	TIF ²	Embedded ¹	Embedded ¹	TIF ²	Embedded ¹	Embedded ¹
Primary care physician office visit	\$30 copay	\$30 copay; deductible waived	\$10 copay; deductible waived	Covered in full after deductible	\$10 copay; deductible waived	\$20 copay; deductible waived	\$20 copay after deductible	\$25 copay after deductible	Covered in full after deductible
Specialist office visit	\$50 copay	\$50 copay; deductible waived	\$40 copay after deductible	Covered in full after deductible	\$30 copay; deductible waived	\$40 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	Covered in full after deductible
Walk-in clinics	\$30 copay	\$30 copay; deductible waived	\$10 copay; deductible waived	Covered in full after deductible	\$10 copay; deductible waived	\$20 copay; deductible waived	\$20 copay after deductible	\$25 copay after deductible	Covered in full after deductible
Teladoc	\$30 copay	\$30 copay; deductible waived	\$10 copay; deductible waived	Covered in full after deductible	\$10 copay; deductible waived	\$20 copay; deductible waived	\$20 copay after deductible	\$25 copay after deductible	Covered in full after deductible
Diagnostic testing: Lab	\$50 copay	\$50 copay; deductible waived	\$40 copay after deductible	Covered in full after deductible	Covered in full; deductible waived	\$40 copay after deductible	\$50 copay after deductible	20% after deductible	Covered in full after deductible
Diagnostic testing: X-ray	\$50 copay	\$50 copay; deductible waived	\$40 copay after deductible	Covered in full after deductible	\$10 copay; deductible waived	\$40 copay after deductible	\$50 copay after deductible	20% after deductible	Covered in full after deductible
Imaging CT/PET scans MRIs	\$300 copay	\$300 copay; deductible waived	\$40 copay after deductible	Covered in full after deductible	30% after deductible	\$200 copay after deductible	10% after deductible	20% after deductible	\$300 copay after deductible
Inpatient hospital facility	30%	10% after deductible	Covered in full after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	10% after deductible	20% after deductible	Covered in full after deductible
Outpatient surgery	30%	10% after deductible	\$40 copay after deductible	Covered in full after deductible	30% after deductible	\$40 copay after deductible	10% after deductible	20% after deductible	Covered in full after deductible
Emergency room	\$300 copay	\$300 copay; deductible waived	\$200 copay after deductible	Covered in full after deductible	\$200 copay; deductible waived	\$200 copay after deductible	\$300 copay after deductible	20% after deductible	\$300 copay after deductible
Urgent care	\$75 copay	\$75 copay; deductible waived	\$75 copay after deductible	Covered in full after deductible	\$75 copay; deductible waived	\$75 copay after deductible	\$75 copay after deductible	20% after deductible	Covered in full after deductible
Rehabilitation services (PT/OT/ST)	\$50 copay	\$50 copay; deductible waived	\$40 copay after deductible	Covered in full after deductible	30% after deductible	\$40 copay after deductible	10% after deductible	20% after deductible	Covered in full after deductible
Chiropractic	25%	25% deductible waived	25% after deductible	Covered in full after deductible	25% after deductible	25% after deductible	25% after deductible	20% after deductible	Covered in full after deductible
Pharmacy ³	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Pharmacy Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	\$500 Individual / \$1,000 Family	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$5 copay Generic: \$15 copay	Low Cost Generic: \$5 copay Generic: \$15 copay	Low Cost Generic: \$3 copay; deductible waived Generic: \$5 copay; deductible waived	Low Cost Generic: \$5 copay after deductible Generic: \$15 copay after deductible	Generic: \$4 copay; deductible waived	Low Cost Generic: \$5 copay; deductible waived Generic: \$15 copay; deductible waived	Low Cost Generic: \$5 copay after deductible Generic: \$15 copay after deductible	Low Cost Generic: \$5 copay after deductible Generic: \$15 copay after deductible	Low Cost Generic: \$5 copay after deductible Generic: \$15 copay after deductible
Preferred brand drugs	\$50 copay	\$50 copay	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible
Nonpreferred drugs	Generic & Brand: \$100 copay	Generic & Brand: \$100 copay	Generic & Brand: \$100 copay after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: 50% after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: \$100 copay after deductible
Specialty drugs	Preferred Specialty: \$300 copay Non-Preferred Specialty: \$300 copay \$300 copay	Preferred Specialty: \$300 copay Non-Preferred Specialty: \$300 copay \$300 copay	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible \$300 copay after deductible	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible \$300 copay after deductible	Preferred Specialty: 50% up to \$500 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible 50% up to \$500 after deductible	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible \$300 copay after deductible	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible \$300 copay after deductible	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible \$300 copay after deductible	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible \$300 copay after deductible

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

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Aetna 1-50

ManagedChoice OpenAccess

DC 01/01/2016

Member benefits

Plan name	DC Gold OAMC 70/50		DC Gold OAMC 500 90/50		DC Gold OAMC SJ 1500 100/80		DC Gold OAMC 1700 100/50 HSA		DC Gold OAMC 2000 70/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Plan year deductible (Individual/Family)	\$0/\$0	\$5,000/\$10,000	\$500/\$1,000	\$5,000/\$10,000	\$1,500/\$3,000	\$5,000/\$10,000	\$1,700/\$3,400	\$5,000/\$10,000	\$2,000/\$4,000	\$5,000/\$10,000
Plan out-of-pocket limit (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$3,500/\$7,000	\$10,000/\$20,000	\$2,500/\$5,000	\$10,000/\$20,000	\$4,000/\$8,000	\$10,000/\$20,000
Deductible and out-of-pocket limit accumulation	NA/Embedded ¹		Embedded ¹		Embedded ¹		TIF ²		Embedded ¹	
Primary care physician office visit	\$30 copay	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$10 copay; deductible waived	20% after deductible	Covered in full after deductible	50% after deductible	\$10 copay; deductible waived	50% after deductible
Specialist office visit	\$50 copay	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$40 copay after deductible	20% after deductible	Covered in full after deductible	50% after deductible	\$30 copay; deductible waived	50% after deductible
Walk-in clinics	\$30 copay	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$10 copay; deductible waived	20% after deductible	Covered in full after deductible	50% after deductible	\$10 copay; deductible waived	50% after deductible
Teladoc	\$30 copay	Not Covered	\$30 copay; deductible waived	Not Covered	\$10 copay; deductible waived	Not Covered	Covered in full after deductible	Not Covered	\$10 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$50 copay	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$40 copay after deductible	20% after deductible	Covered in full after deductible	50% after deductible	Covered in full; deductible waived	50% after deductible
Diagnostic testing: X-ray	\$50 copay	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$40 copay after deductible	20% after deductible	Covered in full after deductible	50% after deductible	\$10 copay; deductible waived	50% after deductible
Imaging CT/PET scans MRIs	\$300 copay	50% after deductible	\$300 copay; deductible waived	50% after deductible	\$40 copay after deductible	20% after deductible	Covered in full after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	30%	50% after deductible	10% after deductible	50% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient surgery	30%	50% after deductible	10% after deductible	50% after deductible	\$40 copay after deductible	20% after deductible	Covered in full after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency room	\$300 copay	Paid as In-Network	\$300 copay; deductible waived	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	\$75 copay	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay after deductible	20% after deductible	Covered in full after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST)	\$50 copay	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$40 copay after deductible	20% after deductible	Covered in full after deductible	50% after deductible	30% after deductible	50% after deductible
Chiropractic	25%	25% after deductible	25% deductible waived	25% after deductible	25% after deductible	25% after deductible	Covered in full after deductible	25% after deductible	25% after deductible	25% after deductible
Pharmacy ³	In Network	Out of Network	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	Integrated with Medical Deductible	Integrated with Medical Deductible	\$500 Individual / \$1,000 Family	\$500 Individual / \$1,000 Family
Preferred generic drugs	Low Cost Generic: \$5 copay Generic: \$15 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: \$5 copay Generic: \$15 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: \$3 copay; deductible waived Generic: \$5 copay; deductible waived	Low Cost Generic: 50%; deductible waived Generic: 50%; deductible waived	Low Cost Generic: \$5 copay after deductible Generic: \$15 copay after deductible	Low Cost Generic: 50% after deductible Generic: 50% after deductible	Generic: \$4 copay; deductible waived	Generic: 50% after deductible
Preferred brand drugs	\$50 copay	50%	\$50 copay	50%	\$50 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible
Nonpreferred drugs	Generic & Brand: \$100 copay	Generic & Brand: 50%	Generic & Brand: \$100 copay	Generic & Brand: 50%	Generic & Brand: \$100 copay after deductible	Generic & Brand: 50% after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: 50% after deductible	Generic & Brand: 50% after deductible	Generic & Brand: 50% after deductible
Specialty drugs	Preferred Specialty: \$300 copay Non-Preferred Specialty: \$300 copay	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: \$300 copay Non-Preferred Specialty: \$300 copay	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: \$300 copay after deductible Non-Preferred Specialty: \$300 copay after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to \$500 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered
	\$300 copay	Not Covered	\$300 copay	Not Covered	\$300 copay after deductible	Not Covered	\$300 copay after deductible	Not Covered	50% up to \$500 after deductible	Not Covered

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Aetna 1-50

ManagedChoice OpenAccess

DC 01/01/2016

Member benefits

Plan name	DC Silver OAMC SJ 2500 100/80		DC Silver OAMC 2500 90/50 HSA		DC Bronze OAMC 5000 80/50 HSA Emb		DC Bronze OAMC 5400 100/50 HSA Emb	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Plan year deductible (Individual/Family)	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,400/\$10,800	\$10,000/\$20,000
Plan out-of-pocket limit (Individual/Family)	\$6,850/\$13,700	\$10,000/\$20,000	\$3,225/\$6,450	\$10,000/\$20,000	\$6,450/\$12,900	\$20,000/\$40,000	\$6,450/\$12,900	\$20,000/\$40,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		TIF ²		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$20 copay; deductible waived	20% after deductible	\$20 copay after deductible	50% after deductible	\$25 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Specialist office visit	\$40 copay after deductible	20% after deductible	\$50 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Walk-in clinics	\$20 copay; deductible waived	20% after deductible	\$20 copay after deductible	50% after deductible	\$25 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Teladoc	\$20 copay; deductible waived	Not Covered	\$20 copay after deductible	Not Covered	\$25 copay after deductible	Not Covered	Covered in full after deductible	Not Covered
Diagnostic testing: Lab	\$40 copay after deductible	20% after deductible	\$50 copay after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	\$40 copay after deductible	20% after deductible	\$50 copay after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Imaging CT/PET scans MRIs	\$200 copay after deductible	20% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	\$300 copay after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	20% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Outpatient surgery	\$40 copay after deductible	20% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Emergency room	\$200 copay after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network	20% after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network
Urgent care	\$75 copay after deductible	20% after deductible	\$75 copay after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Rehabilitation services (PT/OT/ST)	\$40 copay after deductible	20% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Chiropractic	25% after deductible	25% after deductible	25% after deductible	25% after deductible	20% after deductible	25% after deductible	Covered in full after deductible	25% after deductible
Pharmacy ³	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	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$5 copay; deductible waived	Low Cost Generic: 50%; deductible waived	Low Cost Generic: \$5 copay after deductible	Low Cost Generic: 50% after deductible	Low Cost Generic: \$5 copay after deductible	Low Cost Generic: 50% after deductible	Low Cost Generic: \$5 copay after deductible	Low Cost Generic: 50% after deductible
	Generic: \$15 copay; deductible waived	Generic: 50%; deductible waived	Generic: \$15 copay after deductible	Generic: 50% after deductible	Generic: \$15 copay after deductible	Generic: 50% after deductible	Generic: \$15 copay after deductible	Generic: 50% after deductible
Preferred brand drugs	\$50 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible
Nonpreferred drugs	Generic & Brand: \$100 copay after deductible	Generic & Brand: 50% after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: 50% after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: 50% after deductible	Generic & Brand: \$100 copay after deductible	Generic & Brand: 50% after deductible
	Preferred Specialty: \$300 copay after deductible	Preferred Specialty: Not Covered	Preferred Specialty: \$300 copay after deductible	Preferred Specialty: Not Covered	Preferred Specialty: \$300 copay after deductible	Preferred Specialty: Not Covered	Preferred Specialty: \$300 copay after deductible	Preferred Specialty: Not Covered
Specialty drugs	Non-Preferred Specialty: \$300 copay after deductible	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: \$300 copay after deductible	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: \$300 copay after deductible	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: \$300 copay after deductible	Non-Preferred Specialty: Not Covered
	\$300 copay after deductible	Not Covered	\$300 copay after deductible	Not Covered	\$300 copay after deductible	Not Covered	\$300 copay after deductible	Not Covered



Aetna pediatric dental & vision

DC 01/01/2016

Pediatric dental plans	Standard HNOOnly Copay	Standard HNOOnly Deductible	HSA Compatible HNOOnly	HSA Compatible HNOOnly 100%	Standard OAMC Copay		Standard OAMC Deductible		HSA Compatible OAMC		HSA Compatible OAMC 100%	
	In Network	In Network	In Network	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Covered in full	Covered in full; deductible waived	Covered in full after deductible	Covered in full after deductible	Covered in full	30% after deductible	Covered in full; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Dental Basic	30%	30% after deductible	30% after deductible	Covered in full after deductible	30%	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Dental Major	50%	50% after deductible	50% after deductible	Covered in full after deductible	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Dental Ortho	50%	50% after deductible	50% after deductible	Covered in full after deductible	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	50% after deductible

Pediatric vision plans	Standard HNOOnly Copay	Standard HNOOnly Deductible	HSA Compatible HNOOnly	Standard OAMC Copay		Standard OAMC Deductible		Standard OAMC 100%		HSA Compatible OAMC	
	In Network	In Network	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Vision exam (1 exam per 12 months)	Covered in full	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full	50% after deductible	Covered in full; deductible waived	50% after deductible	Covered in full; deductible waived	20% after deductible	Covered in full; deductible waived	50% after deductible
Pediatric Vision Hardware	Covered in full	Covered in full; deductible waived	Covered in full after deductible	Covered in full	50% after deductible	Covered in full; deductible waived	50% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	50% after deductible

Notes

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.

*This vision plan will cover the following:

- One set of eyeglass frames per 12 months.
- One pair of prescription lenses per 12 months.
- Prescription contact lenses maximum per 12 months: daily disposables (up to three-month supply), extended wear disposable (up to six-month supply) and nondisposable lenses (one set).
- Important Notes: This plan will cover either one pair of prescription lenses for eyeglass frames or prescription contact lenses, but not both, per 12 months. Coverage does not include the office visit for the fitting of prescription contact lenses.

These plans do not cover all vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent.



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 **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.

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.



Footnotes

Network continued

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

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 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 or 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 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. 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.

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