

Aetna Funding Advantage

National Plans Effective 04/01/2018

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 and Nonpreferred Specialty drugs
100/50 500D	\$0/\$0	\$6,000/\$12,000	\$35 copay/\$75 copay	\$500 copay	\$100 copay	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
500 100/70	\$500/\$1,000	\$3,000/\$6,000	\$20 copay; deductible waived/\$40 copay; deductible waived	\$250 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
1000 100/70	\$1,000/\$2,000	\$3,500/\$7,000	\$20 copay; deductible waived/\$40 copay; deductible waived	\$250 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
1500 100/70	\$1,500/\$3,000	\$4,000/\$8,000	\$25 copay; deductible waived/\$50 copay; deductible waived	\$250 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
2000 100/70	\$2,000/\$4,000	\$4,500/\$9,000	\$25 copay; deductible waived/\$50 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
2500 100/70	\$2,500/\$5,000	\$5,000/\$10,000	\$30 copay; deductible waived/\$60 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
3000 100/70	\$3,000/\$6,000	\$5,500/\$11,000	\$30 copay; deductible waived/\$60 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500

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4000 100/70	\$4,000/\$8,000	\$6,500/\$13,000	\$30 copay; deductible waived/\$60 copay; deductible waived	\$350 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
5000 100/70	\$5,000/\$10,000	\$6,850/\$13,700	\$30 copay; deductible waived/\$60 copay; deductible waived	\$350 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
500 80/60	\$500/\$1,000	\$3,000/\$6,000	\$25 copay; deductible waived/\$50 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
1000 80/60	\$1,000/\$2,000	\$3,500/\$7,000	\$25 copay; deductible waived/\$50 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
1500 80/60	\$1,500/\$3,000	\$4,000/\$8,000	\$25 copay; deductible waived/\$50 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$35 copay/\$70 copay	20% up to \$250 /40% up to \$500
2500 80/60	\$2,500/\$5,000	\$5,000/\$10,000	\$30 copay; deductible waived/\$60 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
3500 80/60	\$3,500/\$7,000	\$6,500/\$13,000	\$30 copay; deductible waived/\$60 copay; deductible waived	\$300 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500

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5000 80/60	\$5,000/\$10,000	\$6,850/\$13,700	\$35 copay; deductible waived/\$70 copay; deductible waived	\$350 copay; deductible waived	\$75 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
6750 80/60	\$6,750/\$13,500	\$7,150/\$14,300	\$40 copay; deductible waived/\$80 copay; deductible waived	\$350 copay; deductible waived	\$100 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
2750 70/50	\$2,750/\$5,500	\$5,500/\$11,000	\$35 copay; deductible waived/\$70 copay; deductible waived	\$350 copay; deductible waived	\$100 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
4000 70/50	\$4,000/\$8,000	\$6,850/\$13,700	\$35 copay; deductible waived/\$70 copay; deductible waived	\$350 copay; deductible waived	\$100 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
4500 50/50	\$4,500/\$9,000	\$6,850/\$13,700	\$35 copay; deductible waived/\$70 copay; deductible waived	\$500 copay; deductible waived	\$100 copay; deductible waived	None	\$3 copay /\$10 copay	\$50 copay/\$80 copay	50% up to \$250 /50% up to \$500
1500 100/80 Int RX	\$1,500/\$3,000	\$4,500/\$9,000	\$25 copay; deductible waived/\$65 copay after deductible	\$200 copay after deductible	\$75 copay; deductible waived	Integrated with Medical	\$3 copay; deductible waived /\$10 copay; deductible waived	\$45 copay after deductible /\$70 copay after deductible, deductible waived for Generic	20% up to \$250 after deductible /40% up to \$500 after deductible
2500 100/80 Int RX	\$2,500/\$5,000	\$5,500/\$11,000	\$25 copay; deductible waived/\$65 copay after deductible	\$200 copay after deductible	\$75 copay; deductible waived	Integrated with Medical	\$3 copay; deductible waived /\$10 copay; deductible waived	\$45 copay after deductible /\$70 copay after deductible, deductible waived for Generic	20% up to \$250 after deductible /40% up to \$500 after deductible

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3500 100/80 Int RX	\$3,500/\$7,000	\$6,500/\$13,000	\$25 copay; deductible waived/\$65 copay after deductible	\$250 copay after deductible	\$75 copay; deductible waived	Integrated with Medical	\$3 copay; deductible waived /\$10 copay; deductible waived	\$45 copay after deductible /\$70 copay after deductible, deductible waived for Generic	20% up to \$250 after deductible /40% up to \$500 after deductible
5000 100/80 Int RX	\$5,000/\$10,000	\$6,850/\$13,700	\$25 copay; deductible waived/\$65 copay after deductible	\$250 copay after deductible	\$75 copay; deductible waived	Integrated with Medical	\$3 copay; deductible waived /\$10 copay; deductible waived	\$45 copay after deductible /\$70 copay after deductible, deductible waived for Generic	20% up to \$250 after deductible /40% up to \$500 after deductible
6250 100/80 Int RX	\$6,250/\$12,500	\$6,850/\$13,700	\$25 copay; deductible waived/\$65 copay after deductible	\$250 copay after deductible	\$75 copay; deductible waived	Integrated with Medical	\$3 copay; deductible waived /\$10 copay; deductible waived	\$45 copay after deductible /\$70 copay after deductible, deductible waived for Generic	20% up to \$250 after deductible /40% up to \$500 after deductible
6750 100/80 Int RX	\$6,750/\$13,500	\$7,350/\$14,700	\$35 copay; deductible waived/\$70 copay after deductible	\$500 copay after deductible	\$100 copay; deductible waived	Integrated with Medical	\$3 copay; deductible waived /\$10 copay; deductible waived	\$45 copay after deductible /\$70 copay after deductible, deductible waived for Generic	20% up to \$250 after deductible /40% up to \$500 after deductible
2000 HSA 100/80	\$2,000/\$4,000	\$3,275/\$6,550	\$25 copay after deductible/\$50 copay after deductible	\$250 copay after deductible	\$75 copay after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible
2500 HSA 100/80	\$2,500/\$5,000	\$3,275/\$6,550	Covered in full after deductible/Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible
4000 HSA 100/50 Emb	\$4,000/\$8,000	\$6,550/\$13,100	Covered in full after deductible/Covered in full after deductible	\$250 copay after deductible	Covered in full after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$50 copay after deductible/\$80 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible

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2750 HSA 80/60 Emb	\$2,750/\$5,500	\$6,550/\$13,100	\$25 copay after deductible/\$50 copay after deductible	20% after deductible	20% after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible
3750 HSA 80/60 Emb	\$3,750/\$7,500	\$6,550/\$13,100	\$25 copay after deductible/\$50 copay after deductible	20% after deductible	20% after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$50 copay after deductible/\$80 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible
6250 HSA 100/50 Emb	\$6,250/\$12,500	\$6,550/\$13,100	Covered in full after deductible/Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$50 copay after deductible/\$80 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible
5500 HSA 80/60 Emb	\$5,500/\$11,000	\$6,550/\$13,100	\$30 copay after deductible/\$60 copay after deductible	20% after deductible	20% after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$50 copay after deductible/\$80 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible
5750 HSA 70/50 Emb	\$5,750/\$11,500	\$6,550/\$13,100	\$35 copay after deductible/\$70 copay after deductible	30% after deductible	30% after deductible	Integrated with Medical	\$3 copay after deductible /\$10 copay after deductible	\$50 copay after deductible/\$80 copay after deductible	20% up to \$250 after deductible /40% up to \$500 after deductible

Aetna Funding Advantage
 National Plans Effective 04/01/2018
 *Effective 12/01/2018

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 and Nonpreferred Specialty drugs
100/50 \$25 *	\$0/\$0	\$4,000/\$8,000	\$25 copay; deductible waived/\$75 copay; deductible waived	\$350 copay; deductible waived	\$100 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500
100/50 \$40 *	\$0/\$0	\$6,000/\$12,000	\$40 copay; deductible waived/\$75 copay; deductible waived	\$350 copay; deductible waived	\$100 copay; deductible waived	None	\$3 copay /\$10 copay	\$45 copay/\$70 copay	20% up to \$250 /40% up to \$500

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). Covered benefits applied to the in-network non-designated deductible/out-of-pocket limit will be applied to satisfy the in-network designated deductible/out-of-pocket limit. Covered benefits applied to the in-network designated deductible/out-of-pocket limit will be applied to satisfy the in-network non-designated deductible/out-of-pocket limit. 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. All CPOSII and PPO plans include out-of-network benefits. Open Access Aetna Select plans exclude out-of-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.

Maintenance Choice Voluntary – Members can choose the most convenient place to fill 90-day supplies of their maintenance drugs – from Aetna Rx Home Delivery mail-order pharmacy or CVS/pharmacy retail locations.

- All maintenance medicines used regularly to treat chronic conditions like arthritis, asthma, diabetes or high cholesterol are part of Maintenance Choice Voluntary
- Members can choose to continue to fill at their retail pharmacy or they can elect to fill through Aetna Rx Home Delivery Mail Order or CVS Pharmacy retail locations for a 90 days' supply.
- The member then chooses to fill either by retail, mail, through Aetna Rx Home Delivery pharmacy, or pick up in person at a CVS Pharmacy retail location.
- All cardholders will receive a welcome letter explaining how the program works and their options.

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.

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. Aetna HealthFund HRAs are subject to employer defined use and forfeiture rules and are unfunded liabilities of your employer. Fund balances are not vested benefits. 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.