

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	100/50 \$25		100/50 \$35		100/50 \$40		500 100/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$0/\$0	\$5,000/\$15,000	\$0/\$0	\$5,000/\$15,000	\$0/\$0	\$5,000/\$15,000	\$500/\$1,000	\$2,000/\$6,000
Out-of-pocket limit (Individual/Family)	\$4,000/\$8,000	\$10,000/\$30,000	\$6,000/\$12,000	\$10,000/\$30,000	\$6,000/\$12,000	\$10,000/\$30,000	\$3,500/\$7,000	\$10,000/\$30,000
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay	50% after deductible	\$35 copay	50% after deductible	\$40 copay	50% after deductible	\$25 copay; deductible waived	50% after deductible
Specialist office visit	\$75 copay	50% after deductible	\$75 copay	50% after deductible	\$75 copay	50% after deductible	\$50 copay; deductible waived	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay All Other Network Providers: \$25 copay	50% after deductible	Designated Walk-in Clinics: \$0 copay All Other Network Providers: \$35 copay	50% after deductible	Designated Walk-in Clinics: \$0 copay All Other Network Providers: \$40 copay	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$25 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	Covered in full	50% after deductible	\$15 copay	50% after deductible	\$15 copay	50% after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	\$25 copay	50% after deductible	\$75 copay	50% after deductible	\$75 copay	50% after deductible	Covered in full after deductible	50% after deductible
Imaging CT/PET scans MRIs	\$350 copay	50% after deductible	\$500 copay	50% after deductible	\$350 copay	50% after deductible	Covered in full after deductible	50% after deductible
Inpatient hospital facility	\$500 copay per day to a maximum copay of \$1,000 per admission	50% after deductible	\$500 copayment per day to a maximum of \$2,000 per admission	50% after deductible	\$750 copay per admission	50% after deductible	Covered in full after deductible	50% after deductible
Outpatient surgery	\$500 copay	50% after deductible	\$500 copay	50% after deductible	\$750 copay	50% after deductible	Covered in full after deductible	50% after deductible
Emergency room	\$500 copay	Paid as In-Network	\$500 copay	Paid as In-Network	\$500 copay	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network
Urgent care	\$100 copay	50% after deductible	\$100 copay	50% after deductible	\$100 copay	50% after deductible	\$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ⁴	\$75 copay	50% after deductible	\$75 copay	50% after deductible	\$75 copay	50% after deductible	\$50 copay after deductible	50% after deductible
Chiropractic ⁴	\$75 copay	50% after deductible	\$75 copay	50% after deductible	\$75 copay	50% after deductible	\$50 copay after deductible	50% 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
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%
Preferred brand drugs	\$45 copay	50%	\$45 copay	50%	\$45 copay	50%	\$35 copay	50%
Non preferred generic and brand drugs	\$75 copay	50%	\$75 copay	50%	\$75 copay	50%	\$70 copay	50%
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	1000 100/50		1500 100/50		2000 100/50		2500 100/50	
	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	\$2,000/\$6,000	\$1,500/\$3,000	\$3,000/\$9,000	\$2,000/\$4,000	\$4,000/\$12,000	\$2,500/\$5,000	\$5,000/\$15,000
Out-of-pocket limit (Individual/Family)	\$4,000/\$8,000	\$12,000/\$36,000	\$4,500/\$9,000	\$13,000/\$39,000	\$5,000/\$10,000	\$14,000/\$42,000	\$5,500/\$11,000	\$15,000/\$45,000
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	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	\$50 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$25 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 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 after deductible	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	Covered in full after deductible	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	Covered in full after deductible	50% after deductible
Inpatient hospital facility	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
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	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	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) ⁴	\$50 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible
Chiropractic ⁴	\$50 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% 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
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%
Preferred brand drugs	\$35 copay	50%	\$35 copay	50%	\$35 copay	50%	\$35 copay	50%
Non preferred generic and brand drugs	\$70 copay	50%	\$70 copay	50%	\$70 copay	50%	\$70 copay	50%
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	3000 100/50		4000 100/50		5000 100/50		6750 100/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$3,000/\$6,000	\$6,000/\$18,000	\$4,000/\$8,000	\$8,000/\$24,000	\$5,000/\$10,000	\$10,000/\$30,000	\$6,750/\$13,500	\$13,500/\$40,500
Out-of-pocket limit (Individual/Family)	\$6,000/\$12,000	\$16,000/\$48,000	\$6,500/\$13,000	\$23,000/\$69,000	\$7,150/\$14,300	\$25,000/\$75,000	\$7,500/\$15,000	\$28,500/\$85,500
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Specialist office visit	\$60 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible	\$70 copay; deductible waived	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$35 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 after deductible	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	Covered in full after deductible	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	Covered in full after deductible	50% after deductible
Inpatient hospital facility	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
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	\$300 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ⁴	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible
Chiropractic ⁴	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$70 copay after deductible	50% 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
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%
Preferred brand drugs	\$35 copay	50%	\$35 copay	50%	\$45 copay	50%	\$45 copay	50%
Non preferred generic and brand drugs	\$70 copay	50%	\$70 copay	50%	\$75 copay	50%	\$75 copay	50%
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	500 80/50		1000 80/50		1500 80/50		2500 80/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$500/\$1,000	\$2,000/\$6,000	\$1,000/\$2,000	\$2,000/\$6,000	\$1,500/\$3,000	\$3,000/\$9,000	\$2,500/\$5,000	\$5,000/\$15,000
Out-of-pocket limit (Individual/Family)	\$3,500/\$7,000	\$12,000/\$36,000	\$4,000/\$8,000	\$12,000/\$36,000	\$4,500/\$9,000	\$13,000/\$39,000	\$5,500/\$11,000	\$15,000/\$45,000
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay; deductible waived	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	\$60 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible	\$60 copay; deductible waived	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency room	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	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) ⁴	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible
Chiropractic ⁴	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible	\$60 copay after deductible	50% 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
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%
Preferred brand drugs	\$35 copay	50%	\$35 copay	50%	\$35 copay	50%	\$45 copay	50%
Non preferred generic and brand drugs	\$70 copay	50%	\$70 copay	50%	\$70 copay	50%	\$75 copay	50%
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	3500 80/50		5000 80/50		6750 80/50		7350 80/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$3,500/\$7,000	\$7,000/\$21,000	\$5,000/\$10,000	\$10,000/\$30,000	\$6,750/\$13,500	\$13,500/\$40,500	\$7,350/\$14,700	\$14,700/\$44,100
Out-of-pocket limit (Individual/Family)	\$6,500/\$13,000	\$17,000/\$51,000	\$7,150/\$14,300	\$25,000/\$75,000	\$7,500/\$15,000	\$28,500/\$85,500	\$7,900/\$15,800	\$30,000/\$90,000
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$40 copay; deductible waived	50% after deductible	\$45 copay; deductible waived	50% after deductible
Specialist office visit	\$60 copay; deductible waived	50% after deductible	\$70 copay; deductible waived	50% after deductible	\$80 copay; deductible waived	50% after deductible	\$90 copay; deductible waived	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$30 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$35 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$40 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$45 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency room	\$300 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ⁴	\$60 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$90 copay after deductible	50% after deductible
Chiropractic ⁴	\$60 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$90 copay after deductible	50% 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
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%
Preferred brand drugs	\$45 copay	50%	\$45 copay	50%	\$45 copay	50%	\$50 copay	50%
Non preferred generic and brand drugs	\$75 copay	50%	\$75 copay	50%	\$75 copay	50%	\$80 copay	50%
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	2750 70/50		4000 70/50		2750 50/50		4500 50/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$2,750/\$5,500	\$5,500/\$16,500	\$4,000/\$8,000	\$8,000/\$24,000	\$2,750/\$5,500	\$5,500/\$16,500	\$4,500/\$9,000	\$9,000/\$27,000
Out-of-pocket limit (Individual/Family)	\$5,500/\$11,000	\$20,500/\$61,500	\$6,850/\$13,700	\$23,000/\$69,000	\$6,750/\$13,500	\$24,000/\$72,000	\$7,350/\$14,700	\$27,000/\$81,000
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$40 copay; deductible waived	50% after deductible	\$40 copay; deductible waived	50% after deductible
Specialist office visit	\$70 copay; deductible waived	50% after deductible	\$70 copay; deductible waived	50% after deductible	\$80 copay; deductible waived	50% after deductible	\$80 copay; deductible waived	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$35 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$35 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$40 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$40 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	30% after deductible	50% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Diagnostic testing: X-ray	30% after deductible	50% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Imaging CT/PET scans MRIs	30% after deductible	50% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient hospital facility	30% after deductible	50% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network
Urgent care	\$100 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ⁴	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible
Chiropractic ⁴	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% 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
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%	Low Cost Generic: \$3 copay Generic: \$10 copay	50%
Preferred brand drugs	\$45 copay	50%	\$45 copay	50%	\$50 copay	50%	\$50 copay	50%
Non preferred generic and brand drugs	\$75 copay	50%	\$75 copay	50%	\$80 copay	50%	\$80 copay	50%
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 20% up to \$250 Non-Preferred Specialty: 40% up to \$500	Not Covered	Preferred Specialty: 50% up to \$250 Non-Preferred Specialty: 50% up to \$500	Not Covered	Preferred Specialty: 50% up to \$250 Non-Preferred Specialty: 50% up to \$500	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	2500 100/50 IntRx		3500 100/50 IntRx		5000 100/50 IntRx		6250 100/50 IntRx	
	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	\$7,500/\$22,500	\$3,500/\$7,000	\$10,500/\$31,500	\$5,000/\$10,000	\$15,000/\$45,000	\$6,250/\$12,500	\$18,750/\$56,250
Out-of-pocket limit (Individual/Family)	\$5,500/\$11,000	\$17,500/\$52,500	\$6,500/\$13,000	\$20,500/\$61,500	\$6,850/\$13,700	\$30,000/\$90,000	\$6,850/\$13,700	\$33,750/\$101,250
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible
Specialist office visit	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$25 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$25 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$25 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$25 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 after deductible	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	Covered in full after deductible	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	Covered in full after deductible	50% after deductible
Inpatient hospital facility	\$250 copay per admission after deductible	50% after deductible	\$250 copay per admission after deductible	50% after deductible	\$250 copay per admission after deductible	50% after deductible	\$250 copay per admission after deductible	50% after deductible
Outpatient surgery	\$100 copay after deductible	50% after deductible	\$100 copay after deductible	50% after deductible	\$100 copay after deductible	50% after deductible	\$100 copay after deductible	50% after deductible
Emergency room	\$300 copay after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network
Urgent care	\$75 copay; deductible waived	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) ⁴	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible
Chiropractic ⁴	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% after deductible	\$65 copay after deductible	50% 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	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	50%; deductible waived	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	50%; deductible waived	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	50%; deductible waived	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	50%; deductible waived
Preferred brand drugs	\$45 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible
Non preferred generic and brand drugs	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	6750 100/50 IntRx		7350 100/50 IntRx		1500 HSA 100/50		2000 HSA 100/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$6,750/\$13,500	\$20,250/\$60,750	\$7,350/\$14,700	\$22,050/\$66,150	\$1,500/\$3,000	\$10,000/\$30,000	\$2,000/\$4,000	\$10,000/\$30,000
Out-of-pocket limit (Individual/Family)	\$7,350/\$14,700	\$40,250/\$120,750	\$7,900/\$15,800	\$42,050/\$126,150	\$3,275/\$6,550	\$20,000/\$60,000	\$3,275/\$6,550	\$20,000/\$60,000
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		TIF ²		TIF ²	
Primary care physician office visit	\$35 copay; deductible waived	50% after deductible	\$40 copay; deductible waived	50% after deductible	\$25 copay after deductible	50% after deductible	\$30 copay after deductible	50% after deductible
Specialist office visit	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$35 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay; deductible waived All Other Network Providers: \$40 copay; deductible waived	50% after deductible	Designated Walk-in Clinics: \$0 copay after deductible All Other Network Providers: \$25 copay after deductible	50% after deductible	Designated Walk-in Clinics: \$0 copay after deductible All Other Network Providers: \$30 copay after deductible	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 after deductible	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	Covered in full after deductible	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	Covered in full after deductible	50% after deductible
Inpatient hospital facility	\$500 copay per admission after deductible	50% after deductible	\$500 copay per admission after deductible	50% after deductible	\$250 copay per admission after deductible	50% after deductible	\$250 copay per admission after deductible	50% after deductible
Outpatient surgery	\$250 copay after deductible	50% after deductible	\$250 copay after deductible	50% after deductible	\$100 copay after deductible	50% after deductible	\$100 copay after deductible	50% after deductible
Emergency room	\$500 copay after deductible	Paid as In-Network	\$500 copay after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network
Urgent care	\$100 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ⁴	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$60 copay after deductible	50% after deductible
Chiropractic ⁴	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$60 copay after deductible	50% 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	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	50%; deductible waived	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	50%; deductible waived	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible
Preferred brand drugs	\$45 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible
Non preferred generic and brand drugs	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	2500 HSA 100/50		4000 HSA 100/50 Emb		6250 HSA 100/50 Emb		2750 HSA 80/50 Emb (not available after 1/1/2020)	
	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	\$10,000/\$30,000	\$4,000/\$8,000	\$10,000/\$30,000	\$6,250/\$12,500	\$10,000/\$30,000	\$2,750/\$5,500	\$10,000/\$30,000
Out-of-pocket limit (Individual/Family)	\$3,275/\$6,550	\$20,000/\$60,000	\$6,750/\$13,500	\$20,000/\$60,000	\$6,750/\$13,500	\$20,000/\$60,000	\$6,750/\$13,500	\$20,000/\$60,000
Deductible /out-of-pocket limit accumulation	TIF ²		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$30 copay after deductible	50% after deductible
Specialist office visit	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 after deductible	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics and All Other Network Providers: Covered in full after deductible	50% after deductible	Designated Walk-in Clinics and All Other Network Providers: Covered in full after deductible	50% after deductible	Designated Walk-in Clinics and All Other Network Providers: Covered in full after deductible	50% after deductible	Designated Walk-in Clinics: \$0 copay after deductible All Other Network Providers: \$30 copay after deductible	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	20% after deductible	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	20% after deductible	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	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	Covered in full 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	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency room	Covered in full after deductible	Paid as In-Network	\$300 copay after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network	20% after deductible	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ⁴	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 after deductible	50% after deductible
Chiropractic ⁴	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 after deductible	50% 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	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible
Preferred brand drugs	\$45 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible
Non preferred generic and brand drugs	\$75 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered

Aetna Funding Advantage

National CPOSII Effective 9/1/2019

Member benefits

Plan Name	3750 HSA 80/50 Emb		5500 HSA 80/50 Emb		5750 HSA 70/50 Emb		6250 HSA 70/50 Emb	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$3,750/\$7,500	\$10,000/\$30,000	\$5,500/\$11,000	\$10,000/\$30,000	\$5,750/\$11,500	\$10,000/\$30,000	\$6,250/\$12,500	\$10,000/\$30,000
Out-of-pocket limit (Individual/Family)	\$6,750/\$13,500	\$20,000/\$60,000	\$6,750/\$13,500	\$20,000/\$60,000	\$6,750/\$13,500	\$20,000/\$60,000	\$6,750/\$13,500	\$20,000/\$60,000
Deductible /out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay after deductible	50% after deductible	\$35 copay after deductible	50% after deductible	\$35 copay after deductible	50% after deductible	\$40 copay after deductible	50% after deductible
Specialist office visit	\$60 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible
Walk-in clinics ³	Designated Walk-in Clinics: \$0 copay after deductible All Other Network Providers: \$30 copay after deductible	50% after deductible	Designated Walk-in Clinics: \$0 copay after deductible All Other Network Providers: \$35 copay after deductible	50% after deductible	Designated Walk-in Clinics: \$0 copay after deductible All Other Network Providers: \$35 copay after deductible	50% after deductible	Designated Walk-in Clinics: \$0 copay after deductible All Other Network Providers: \$40 copay after deductible	50% after deductible
Diagnostic testing: Lab	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency room	20% after deductible	Paid as In-Network	20% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network
Urgent care	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ⁴	\$60 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible
Chiropractic ⁴	\$60 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% 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	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Low cost and preferred generic drugs (Tier 1A Value/ Tier 1)	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	50% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$10 copay after deductible	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
Non preferred generic and brand drugs	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible
Preferred and non preferred specialty drugs	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered	Preferred Specialty: 20% up to \$250 after deductible Non-Preferred Specialty: 40% up to \$500 after deductible	Not Covered

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. 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.

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.

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 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 year.

³ **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.

⁴ **Rehabilitation and chiropractic/subluxation services** - Rehabilitation (speech, physical, occupational) and chiropractic/subluxation services, limited to 60 visits per year combined.

⁵ **Pharmacy - Choose Generics with Dispense as Written (DAW) override** - 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 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.

⁵ **Pharmacy - 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.

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