

SUMMARY OF MEDICAL BENEFITS

AUGUST 1, 2023 – JULY 31, 2024

	AETNA HMO (CA) IN-NETWORK ONLY	AETNA OPEN ACCESS MANAGED CHOICE POS		AETNA BASIC PPO IN/OUT-OF- NETWORK
		IN-NETWORK	OUT-OF-NETWORK	
	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Choice of Providers	You must use Aetna HMO providers or your care won't be covered (except in an emergency)	You decide whether to see an in-network or an out-of-network provider each time you need care		Same as POS
How it Works	You choose a primary care physician (PCP) to treat you directly or coordinate your care. You pay a copay for most covered services	Network providers contract with Aetna and charge plan members for services. When you see network providers, you typically pay less	Out-of-network providers don't contract with Aetna. If you use an out-of-network provider, you typically pay more. ¹	Same as POS
Lifetime Maximum	None	None	None	None
Out-of-Pocket Maximum				
Individual	\$1,500	\$3,250	\$7,000	\$6,250/\$12,500
Family	\$3,000	\$6,500	\$14,000	\$12,500*/\$25,000
You may be required to meet a calendar-year deductible first before the plan pays benefits				
Calendar-year Deductible				
Individual	\$500	\$750	\$1,500	\$4,250/\$8,500
Family	\$1,000	\$1,500	\$3,000	\$8,500**/\$17,000

* Collectively, no family will pay more than \$12,500 out of pocket (for in-network) during the plan year. However, no individual in the family tier will be required to pay more than \$6,250 out of pocket (for in-network) during the plan year.

** Collectively, no family will pay more than \$8,500 towards the deductible (for in-network) during the plan year. However, no individual in the family tier will be required to pay more than \$4,250 towards the deductible (for in-network) during the plan year.



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Next, you'll have to pay either a copay or coinsurance after deductible for covered services (except where noted)				
Inpatient Hospitalization (semi-private room & board) Includes maternity, hospice, skilled nursing facility, transplant, bariatric, substance abuse & mental health	\$250 copay per admission ² (after deductible)	20%	40%	20%/40%
Outpatient Surgery Includes outpatient surgery in hospital or freestanding facility	\$150 copay per visit ² (after deductible)	20%	40%	20%/40%
Office Visits	\$35 PCP/\$50 specialist (deductible waived)	\$35 PCP/\$50 specialist (deductible waived)	40%	20%/40%
Routine Adult Physical Exams/Immunizations	Covered 100% (deductible waived)	Covered 100% (deductible waived)	40%	Covered 100% (deductible waived)/ 40%
Well Child Exams/Immunizations (age limits apply)	Covered 100% (deductible waived)	Covered 100% (deductible waived)	40%	Covered 100% (deductible waived)/ 40%
Well Baby Care/Immunizations	Covered 100% (deductible waived)	Covered 100% (deductible waived)	40%	Covered 100% (deductible waived)/ 40%
Well-Woman Exams/Immunizations (1 exam per calendar year. Includes Pap Smear and related lab fees.)	Covered 100% (deductible waived)	Covered 100% (deductible waived)	40%	Covered 100% (deductible waived)/ 20%
Routine Mammograms	Covered 100% (deductible waived)	Covered 100% (deductible waived)	40%	Covered 100% (deductible waived)/ 20%
Diagnostic Lab & X-ray If performed as part of a physician office visit and billed by the physician, expenses are covered subject to the \$35 PCP/\$50 specialist copay).	Covered 100% for Diagnostic Lab (deductible waived) \$50 copay for Diagnostic X-ray and Imaging (deductible waived)	20%	40%	20%/40%

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Emergency Medical				
Urgent Care	\$35 copay (deductible waived)	\$50 (deductible waived)	40%	20%/40%
Emergency Room	\$125 copay (after deductible; copay waived if admitted)	20% after \$125 copay (deductible waived; copay waived if admitted)	Same as in-network	20%/20%
Non-Emergency (ER or Urgent Care)	Not covered	Not covered	Not covered	Not covered
Ambulance	Covered 100% (after deductible)	20%	20%	20%/20%
Mental Health				
Inpatient	\$250 copay per admission ² (after deductible)	20%	40%	20%/40%
Outpatient	\$50 specialist (deductible waived)	\$50 specialist (deductible waived)	40%	20%/40%
Substance Abuse				
Inpatient	\$250 copay per admission ² (after deductible)	20%	40%	20%/40%
Outpatient	\$50 specialist (deductible waived)	\$50 specialist (deductible waived)	40%	20%/40%
Retail Prescriptions (30-day supply)				
Generic	\$15	\$15	Not covered	All Tiers:
Brand	\$35	\$35	Not covered	20% (maximum \$250)/
Non-Formulary	\$60	\$60	Not covered	Not covered
Specialty	20% (maximum \$250)	20% (maximum \$150)	Not covered	



¹ Aetna covers the cost of services based on whether doctors are “in-network” or “out-of-network.” It is important to 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.

For out-of-network charges, the plan pays only the reimbursement level shown: Doctors and other professionals: 105% (Basic)/105% (POS) of Medicare, hospitals and other facilities: 140% (Basic)/140% (POS) of Medicare. For doctors and other professionals, the amount is based on what Medicare pays for these services. For hospitals and other facilities, the amount is based on what Medicare pays for these services. The government sets the Medicare rate.

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 Aetna doesn’t “recognize.” Thus, you are responsible for any amounts above the Medicare reimbursement level. 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. It’s recommended that you ask the out-of-network physician or health care professional about their billed charges before you receive care. To learn more about how Aetna pays out-of-network benefits visit www.aetna.com and type “how Aetna pays” in the search box.

² The member cost sharing applies to all covered benefits incurred during a member’s inpatient stay or outpatient visit.

This is a brief review of benefits. Please refer to the Booklet-Certificate, Schedule of Benefits, and Evidence of Coverage posted on the benefits website which explains these benefits in more detail.

