



Aetna Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	100/50 500D (New Effective 7/1/17)		500 100/70		1000 100/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$0/\$0	\$5,000/\$15,000	\$500/\$1,000	\$2,000/\$6,000	\$1,000/\$2,000	\$2,000/\$6,000
Out-of-pocket limit (Individual/Family)	\$6,000/\$12,000	\$10,000/\$30,000	\$3,000/\$6,000	\$10,000/\$30,000	\$3,500/\$7,000	\$12,000/\$36,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay	50% after deductible	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	30% after deductible
Specialist office visit	\$75 copay	50% after deductible	\$40 copay; deductible waived	30% after deductible	\$40 copay; deductible waived	30% after deductible
Walk-in clinics	\$35 copay	50% after deductible	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	30% after deductible
Diagnostic testing: Lab	\$15 copay	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	\$75 copay	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	\$500 copay	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	\$500 copay/day to a max of \$2,000/admission	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	\$500 copay	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$500 copay	Paid as In-Network	\$150 copay; deductible waived	Paid as In-Network	\$150 copay; deductible waived	Paid as In-Network
Urgent care	\$100 copay	50% after deductible	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible
Rehabilitation services (PT/OT/ST) ³	\$75 copay	50% after deductible	\$40 copay after deductible	30% after deductible	\$40 copay after deductible	30% after deductible
Chiropractic ³	\$75 copay	50% after deductible	\$40 copay after deductible	30% after deductible	\$40 copay after deductible	30% after deductible
Pharmacy ⁴	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Generic drugs	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%
Preferred brand drugs	\$45 copay	50%	\$35 copay	50%	\$35 copay	50%
Nonpreferred brand drugs	\$70 copay	50%	\$60 copay	50%	\$60 copay	50%
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

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.



Aetna Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	1500 100/70		2000 100/70		2500 100/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$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	\$13,000/\$39,000	\$4,500/\$9,000	\$14,000/\$42,000	\$5,000/\$10,000	\$15,000/\$45,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible
Specialist office visit	\$50 copay; deductible waived	30% after deductible	\$50 copay; deductible waived	30% after deductible	\$60 copay; deductible waived	30% after deductible
Walk-in clinics	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible
Diagnostic testing: Lab	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible
Rehabilitation services (PT/OT/ST) ³	\$50 copay after deductible	30% after deductible	\$50 copay after deductible	30% after deductible	\$60 copay after deductible	30% after deductible
Chiropractic ³	\$50 copay after deductible	30% after deductible	\$50 copay after deductible	30% after deductible	\$60 copay after deductible	30% after deductible
Pharmacy ⁴	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Generic drugs	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%
Preferred brand drugs	\$35 copay	50%	\$35 copay	50%	\$35 copay	50%
Nonpreferred brand drugs	\$60 copay	50%	\$60 copay	50%	\$60 copay	50%
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

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 Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	3000 100/70		4000 100/70		5000 100/70	
	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
Out-of-pocket limit (Individual/Family)	\$5,500/\$11,000	\$16,000/\$48,000	\$6,500/\$13,000	\$23,000/\$69,000	\$6,850/\$13,700	\$25,000/\$75,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible
Specialist office visit	\$60 copay; deductible waived	30% after deductible	\$60 copay; deductible waived	30% after deductible	\$60 copay; deductible waived	30% after deductible
Walk-in clinics	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible
Diagnostic testing: Lab	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible
Rehabilitation services (PT/OT/ST) ³	\$60 copay after deductible	30% after deductible	\$60 copay after deductible	30% after deductible	\$60 copay after deductible	30% after deductible
Chiropractic ³	\$60 copay after deductible	30% after deductible	\$60 copay after deductible	30% after deductible	\$60 copay after deductible	30% after deductible
Pharmacy ⁴	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Generic drugs	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%
Preferred brand drugs	\$35 copay	50%	\$35 copay	50%	\$45 copay	50%
Nonpreferred brand drugs	\$60 copay	50%	\$60 copay	50%	\$70 copay	50%
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

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Aetna Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	500 80/60		1000 80/60		1500 80/60	
	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
Out-of-pocket limit (Individual/Family)	\$3,000/\$6,000	\$12,000/\$36,000	\$3,500/\$7,000	\$12,000/\$36,000	\$4,000/\$8,000	\$13,000/\$39,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	40% after deductible	\$25 copay; deductible waived	40% after deductible	\$25 copay; deductible waived	40% after deductible
Specialist office visit	\$50 copay; deductible waived	40% after deductible	\$50 copay; deductible waived	40% after deductible	\$50 copay; deductible waived	40% after deductible
Walk-in clinics	\$25 copay; deductible waived	40% after deductible	\$25 copay; deductible waived	40% after deductible	\$25 copay; deductible waived	40% after deductible
Diagnostic testing: Lab	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic testing: X-ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Imaging CT/PET scans MRIs	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient hospital facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency room	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network	\$200 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	40% after deductible	\$75 copay; deductible waived	40% after deductible	\$75 copay; deductible waived	40% after deductible
Rehabilitation services (PT/OT/ST) ³	\$50 copay after deductible	40% after deductible	\$50 copay after deductible	40% after deductible	\$50 copay after deductible	40% after deductible
Chiropractic ³	\$50 copay after deductible	40% after deductible	\$50 copay after deductible	40% after deductible	\$50 copay after deductible	40% after deductible
Pharmacy ⁴	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Generic drugs	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%
Preferred brand drugs	\$35 copay	50%	\$35 copay	50%	\$35 copay	50%
Nonpreferred brand drugs	\$60 copay	50%	\$60 copay	50%	\$60 copay	50%
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

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Aetna Funding Advantage

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Member benefits

Plan name	2500 80/60		3500 80/60		5000 80/60	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$2,500/\$5,000	\$5,000/\$15,000	\$3,500/\$7,000	\$7,000/\$21,000	\$5,000/\$10,000	\$10,000/\$30,000
Out-of-pocket limit (Individual/Family)	\$5,000/\$10,000	\$15,000/\$45,000	\$6,500/\$13,000	\$17,000/\$51,000	\$6,850/\$13,700	\$25,000/\$75,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay; deductible waived	40% after deductible	\$30 copay; deductible waived	40% after deductible	\$35 copay; deductible waived	40% after deductible
Specialist office visit	\$60 copay; deductible waived	40% after deductible	\$60 copay; deductible waived	40% after deductible	\$70 copay; deductible waived	40% after deductible
Walk-in clinics	\$30 copay; deductible waived	40% after deductible	\$30 copay; deductible waived	40% after deductible	\$35 copay; deductible waived	40% after deductible
Diagnostic testing: Lab	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic testing: X-ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Imaging CT/PET scans MRIs	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient hospital facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency room	\$200 copay; deductible waived	Paid as In-Network	\$250 copay; deductible waived	Paid as In-Network	\$250 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	40% after deductible	\$75 copay; deductible waived	40% after deductible	\$75 copay; deductible waived	40% after deductible
Rehabilitation services (PT/OT/ST) ³	\$60 copay after deductible	40% after deductible	\$60 copay after deductible	40% after deductible	\$70 copay after deductible	40% after deductible
Chiropractic ³	\$60 copay after deductible	40% after deductible	\$60 copay after deductible	40% after deductible	\$70 copay after deductible	40% after deductible
Pharmacy ⁴	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Generic drugs	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%
Preferred brand drugs	\$45 copay	50%	\$45 copay	50%	\$45 copay	50%
Nonpreferred brand drugs	\$70 copay	50%	\$70 copay	50%	\$70 copay	50%
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

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National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	6750 80/60 (New Effective 7/1/17)		2750 70/50		4000 70/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$6,750/\$13,500	\$13,500/\$40,500	\$2,750/\$5,500	\$5,500/\$16,500	\$4,000/\$8,000	\$8,000/\$24,000
Out-of-pocket limit (Individual/Family)	\$7,150/\$14,300	\$28,500/\$85,500	\$5,500/\$11,000	\$20,500/\$61,500	\$6,850/\$13,700	\$23,000/\$69,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$40 copay; deductible waived	40% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Specialist office visit	\$80 copay; deductible waived	40% after deductible	\$70 copay; deductible waived	50% after deductible	\$70 copay; deductible waived	50% after deductible
Walk-in clinics	\$40 copay; deductible waived	40% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	20% after deductible	40% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Diagnostic testing: X-ray	20% after deductible	40% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	40% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	20% after deductible	40% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient surgery	20% after deductible	40% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency room	\$350 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	\$100 copay; deductible waived	40% after deductible	\$100 copay; deductible waived	50% after deductible	\$100 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$80 copay after deductible	40% after deductible	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible
Chiropractic ³	\$80 copay after deductible	40% after deductible	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible
Pharmacy ⁴	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Generic drugs	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%	Tier 1A - Value Drugs: \$3 copay Tier 1: \$10 copay	Tier 1A - Value Drugs: 50% Tier 1: 50%
Preferred brand drugs	\$45 copay	50%	\$45 copay	50%	\$45 copay	50%
Nonpreferred brand drugs	\$70 copay	50%	\$70 copay	50%	\$70 copay	50%
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

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National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	4500 50/50		1500 100/80 Int RX		2500 100/80 Int RX	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$4,500/\$9,000	\$9,000/\$27,000	\$1,500/\$3,000	\$4,500/\$13,500	\$2,500/\$5,000	\$7,500/\$22,500
Out-of-pocket limit (Individual/Family)	\$6,850/\$13,700	\$24,000/\$72,000	\$4,500/\$9,000	\$14,500/\$43,500	\$5,500/\$11,000	\$17,500/\$52,500
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	20% after deductible	\$25 copay; deductible waived	20% after deductible
Specialist office visit	\$70 copay; deductible waived	50% after deductible	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible
Walk-in clinics	\$35 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	20% after deductible	\$25 copay; deductible waived	20% after deductible
Diagnostic testing: Lab	50% after deductible	50% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Diagnostic testing: X-ray	50% after deductible	50% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Imaging CT/PET scans MRIs	50% after deductible	50% after deductible	\$200 copay after deductible	20% after deductible	\$200 copay after deductible	20% after deductible
Inpatient hospital facility	50% after deductible	50% after deductible	\$250 copay per admission after deductible	20% after deductible	\$250 copay per admission after deductible	20% after deductible
Outpatient surgery	50% after deductible	50% after deductible	\$100 copay after deductible	20% after deductible	\$100 copay after deductible	20% after deductible
Emergency room	\$350 copay; deductible waived	Paid as In-Network	\$200 copay after deductible	Paid as In-Network	\$200 copay after deductible	Paid as In-Network
Urgent care	\$100 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	20% after deductible	\$75 copay; deductible waived	20% after deductible
Rehabilitation services (PT/OT/ST) ³	\$70 copay after deductible	50% after deductible	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible
Chiropractic ³	\$70 copay after deductible	50% after deductible	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible
Pharmacy ⁴	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Generic drugs	Tier 1A - Value Drugs: \$3 copay	Tier 1A - Value Drugs: 50%	Tier 1A - Value Drugs: \$3 copay; deductible waived	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay; deductible waived	Tier 1A - Value Drugs: 50% after deductible
	Tier 1: \$10 copay	Tier 1: 50%	Tier 1: \$10 copay; deductible waived	Tier 1: 50% after deductible	Tier 1: \$10 copay; deductible waived	Tier 1: 50% after deductible
Preferred brand drugs	\$50 copay	50%	\$45 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible
Nonpreferred brand drugs	\$80 copay	50%	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible
Specialty drugs	Preferred Specialty: 50% up to \$250 Non-Preferred Specialty: 50% up to \$500	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

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 Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	3500 100/80 Int RX		5000 100/80 Int RX		6250 100/80 Int RX	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$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)	\$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 and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	20% after deductible	\$25 copay; deductible waived	20% after deductible	\$25 copay; deductible waived	20% after deductible
Specialist office visit	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible
Walk-in clinics	\$25 copay; deductible waived	20% after deductible	\$25 copay; deductible waived	20% after deductible	\$25 copay; deductible waived	20% after deductible
Diagnostic testing: Lab	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Imaging CT/PET scans MRIs	\$250 copay after deductible	20% after deductible	\$250 copay after deductible	20% after deductible	\$250 copay after deductible	20% after deductible
Inpatient hospital facility	\$250 copay per admission after deductible	20% after deductible	\$250 copay per admission after deductible	20% after deductible	\$250 copay per admission after deductible	20% after deductible
Outpatient surgery	\$100 copay after deductible	20% after deductible	\$100 copay after deductible	20% after deductible	\$100 copay after deductible	20% after deductible
Emergency room	\$250 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network
Urgent care	\$75 copay; deductible waived	20% after deductible	\$75 copay; deductible waived	20% after deductible	\$75 copay; deductible waived	20% after deductible
Rehabilitation services (PT/OT/ST) ³	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible
Chiropractic ³	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible	\$65 copay after deductible	20% after deductible
Pharmacy ⁴	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
Generic drugs	Tier 1A - Value Drugs: \$3 copay; deductible waived	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay; deductible waived	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay; deductible waived	Tier 1A - Value Drugs: 50% after deductible
	Tier 1: \$10 copay; deductible waived	Tier 1: 50% after deductible	Tier 1: \$10 copay; deductible waived	Tier 1: 50% after deductible	Tier 1: \$10 copay; deductible waived	Tier 1: 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
Nonpreferred brand drugs	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible
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

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Aetna Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	6750 100/80 Int RX (New Effective 7/1/17)		2000 HSA 100/80		2500 HSA 100/80	
	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	\$2,000/\$4,000	\$10,000/\$30,000	\$2,500/\$5,000	\$10,000/\$30,000
Out-of-pocket limit (Individual/Family)	\$7,150/\$14,300	\$40,250/\$120,750	\$3,275/\$6,550	\$20,000/\$60,000	\$3,275/\$6,550	\$20,000/\$60,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		TIF ²		TIF ²	
Primary care physician office visit	\$35 copay; deductible waived	20% after deductible	\$25 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Specialist office visit	\$70 copay after deductible	20% after deductible	\$50 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Walk-in clinics	\$35 copay; deductible waived	20% after deductible	\$25 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Diagnostic testing: Lab	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Imaging CT/PET scans MRIs	\$500 copay after deductible	20% after deductible	\$250 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Inpatient hospital facility	\$500 copay per admission after deductible	20% after deductible	\$250 copay per admission after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Outpatient surgery	\$250 copay after deductible	20% after deductible	\$100 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Emergency room	\$500 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network
Urgent care	\$100 copay; deductible waived	20% after deductible	\$75 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Rehabilitation services (PT/OT/ST) ³	\$70 copay after deductible	20% after deductible	\$50 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Chiropractic ³	\$70 copay after deductible	20% after deductible	\$50 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Pharmacy ⁴	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
Generic drugs	Tier 1A - Value Drugs: \$3 copay; deductible waived	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible
	Tier 1: \$10 copay; deductible waived	Tier 1: 50% after deductible	Tier 1: \$10 copay after deductible	Tier 1: 50% after deductible	Tier 1: \$10 copay after deductible	Tier 1: 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
Nonpreferred brand drugs	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible
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

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Aetna Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	4000 HSA 100/50 Emb (New Effective 7/1/17)		2750 HSA 80/60 Emb		3750 HSA 80/60 Emb	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$4,000/\$8,000	\$10,000/\$30,000	\$2,750/\$5,500	\$10,000/\$30,000	\$3,750/\$7,500	\$10,000/\$30,000
Out-of-pocket limit (Individual/Family)	\$6,550/\$13,100	\$20,000/\$60,000	\$6,550/\$13,100	\$20,000/\$60,000	\$6,550/\$13,100	\$20,000/\$60,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	50% after deductible	\$25 copay after deductible	40% after deductible	\$25 copay after deductible	40% after deductible
Specialist office visit	Covered in full after deductible	50% after deductible	\$50 copay after deductible	40% after deductible	\$50 copay after deductible	40% after deductible
Walk-in clinics	Covered in full after deductible	50% after deductible	\$25 copay after deductible	40% after deductible	\$25 copay after deductible	40% after deductible
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient hospital facility	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient surgery	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency room	Covered in full after deductible	Paid as In-Network	20% after deductible	Paid as In-Network	20% after deductible	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	50% after deductible	\$50 copay after deductible	40% after deductible	\$50 copay after deductible	40% after deductible
Chiropractic ³	Covered in full after deductible	50% after deductible	\$50 copay after deductible	40% after deductible	\$50 copay after deductible	40% after deductible
Pharmacy ⁴	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
Generic drugs	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible
	Tier 1: \$10 copay after deductible	Tier 1: 50% after deductible	Tier 1: \$10 copay after deductible	Tier 1: 50% after deductible	Tier 1: \$10 copay after deductible	Tier 1: 50% after deductible
Preferred brand drugs	\$50 copay after deductible	50% after deductible	\$45 copay after deductible	50% after deductible	\$50 copay after deductible	50% after deductible
Nonpreferred brand drugs	\$80 copay after deductible	50% after deductible	\$70 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible
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

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Aetna Funding Advantage

National CPOSII / AZ PPO Effective 1/1/2017

Member benefits

Plan name	6250 HSA 100/50 Emb (New Effective 7/1/17)		5500 HSA 80/60 Emb		5750 HSA 70/50 Emb (New Effective 7/1/17)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$6,250/\$12,500	\$10,000/\$30,000	\$5,500/\$11,000	\$10,000/\$30,000	\$5,750/\$11,500	\$10,000/\$30,000
Out-of-pocket limit (Individual/Family)	\$6,550/\$13,100	\$20,000/\$60,000	\$6,550/\$13,100	\$20,000/\$60,000	\$6,550/\$13,100	\$20,000/\$60,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	50% after deductible	\$30 copay after deductible	40% after deductible	\$35 copay after deductible	50% after deductible
Specialist office visit	Covered in full after deductible	50% after deductible	\$60 copay after deductible	40% after deductible	\$70 copay after deductible	50% after deductible
Walk-in clinics	Covered in full after deductible	50% after deductible	\$30 copay after deductible	40% after deductible	\$35 copay after deductible	50% after deductible
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency room	Covered in full after deductible	Paid as In-Network	20% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	50% after deductible	\$60 copay after deductible	40% after deductible	\$70 copay after deductible	50% after deductible
Chiropractic ³	Covered in full after deductible	50% after deductible	\$60 copay after deductible	40% after deductible	\$70 copay after deductible	50% after deductible
Pharmacy ⁴	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
Generic drugs	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible	Tier 1A - Value Drugs: \$3 copay after deductible	Tier 1A - Value Drugs: 50% after deductible
	Tier 1: \$10 copay after deductible	Tier 1: 50% after deductible	Tier 1: \$10 copay after deductible	Tier 1: 50% after deductible	Tier 1: \$10 copay after deductible	Tier 1: 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
Nonpreferred brand drugs	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible	\$80 copay after deductible	50% after deductible
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

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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 limit (OOP). After the out of pocket limit is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna.

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

⁴ **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 indicated "Dispense as Written" on the prescription. Not all drugs are covered. It is important to look at the Drug List (Aetna Value Plus Formulary) to understand which drugs are covered. Precertification and step therapy applies.

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.

Network continued

Professional Services: 105% of Medicare

Facility Services: 140% 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 plan or contact us to find out more about how your plan pays for emergency services.

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 and 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 and 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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14.02.248.1 A (3/17)