

The Aetna<sup>®</sup> simplified benefits experience - DC 1-50 01/01/2024

Fast. Simple. Convenient.

Product Design - Open Access Elect Choice (OAEPO)	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics*	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
<b>DC Gold OAEPO 70% \$20/75 E***</b>	\$0/\$0	\$9,450/\$18,900	30%	\$20	\$75	Covered in full	\$75	\$500 plus 30%	30%/30%	30%	None	\$12	\$55/\$95	40% up to \$150/50% up to \$150
<b>DC Gold OAEPO 500 80% \$25/50 M Standard***</b>	\$500/\$1,000	\$5,800/\$11,600	20%	\$25 DW	\$50 DW	Covered in full DW	\$60 DW	\$300 DW	\$30 DW/\$50 DW	\$600 per day to a maximum of \$3,000 per admission AD	None	\$15	\$50/\$70	\$150/\$150
<b>DC Gold OAEPO 1500 90% E***</b>	\$1,500/\$3,000	\$8,150/\$16,300	10%	\$20 DW	\$65 DW	Covered in full DW	\$65 DW	\$650 AD	\$15 DW/\$30 DW	\$250 per admission AD; then 10%	None	\$12	\$55/\$95	40% up to \$150/50% up to \$150
<b>DC Gold OAEPO 1650 100% HSA T†</b>	\$1,650/\$6,600	\$7,500/\$9,100	0%	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD/Covered in full AD	10% AD	Integrated with Medical Deductible	\$12 AD	\$55 AD/\$95 AD	40% up to \$150 AD/50% up to \$150 AD

Product Design - Open Access HNOnly	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics*	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
<b>DC Gold HNOnly 70% \$20/75 E***</b>	\$0/\$0	\$9,450/\$18,900	30%	\$20	\$75	Covered in full	\$75	\$500 plus 30%	30%/30%	30%	None	\$12	\$55/\$95	40% up to \$150/50% up to \$150
<b>DC Gold HNOnly 500 80% \$25/50 E M Standard***</b>	\$500/\$1,000	\$5,800/\$11,600	20%	\$25 DW	\$50 DW	Covered in full DW	\$60 DW	\$300 DW	\$30 DW/\$50 DW	\$600 per day to a maximum of \$3,000 per admission AD	None	\$15	\$50/\$70	\$150/\$150
<b>DC Gold HNOnly 1500 90% E***</b>	\$1,500/\$3,000	\$8,150/\$16,300	10%	\$20 DW	\$65 DW	Covered in full DW	\$65 DW	\$650 AD	\$15 DW/\$30 DW	\$250 per admission AD; then 10%	None	\$12	\$55/\$95	40% up to \$150/50% up to \$150
<b>DC Gold HNOnly 1650 100% HSA T†</b>	\$1,650/\$6,600	\$7,500/\$9,100	0%	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD/Covered in full AD	10% AD	Integrated with Medical Deductible	\$12 AD	\$55 AD/\$95 AD	40% up to \$150 AD/50% up to \$150 AD

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.



## Footnotes

"AD" indicates after deductible and "DW" indicates deductible waived. 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 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. This illustration shows in-network benefits only for all products. Your plan may have out-of-network coverage as well, please consult the Summary of Benefits and Coverage (SBC) for additional information.

Note: Please visit <https://www.aetna.com/sbcsearch/home> to access specific Summary of Benefits and Coverage (SBC) documents. For more information, please contact your licensed agent or Aetna Sales Representative.

- \* **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.
- \*\* **Pharmacy** - The drug formulary includes precertification, step therapy and quantity limits. Choose Generic: For PPO based plans the cost difference penalty for choose generics does not apply to the members accumulators. For HMO based plans the cost difference penalty does apply to the members accumulators. For specific details, consult the Summary of Benefits and Coverage (SBC).
- \*\*\* **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.
- † **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.

Product Types	Description
<b>Aetna Open Access<sup>®</sup> Elect Choice (OAEPO)</b>	A network-only managed care product with comprehensive health care benefits. Members are not required to select a PCP to coordinate their care or to obtain referrals for specialty care. Only services rendered by a network provider are covered, except for emergency or urgently needed care.
<b>Health network only open access (HNOnly open access)</b>	A health maintenance organization (HMO) uses a network of participating providers. Each family member may select a primary care physician (PCP) participating in the Aetna network to provide routine and preventive care and help coordinate the member's total health care. Members never need a referral when visiting a participating specialist for covered services. Only services rendered by a participating provider are covered, except for emergency or urgently needed care.

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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 benefits and health insurance plans contain exclusions and limitations. 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. Investment services are independently offered through the HSA Administrator. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about your Aetna plans, refer to [Aetna.com](https://www.aetna.com).

