



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=082200-100020-012425> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$2,000 / Family \$4,000	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in the plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges & health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See http://www.aetna.com/docfind or call 1-888-982-3862 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you will receive a bill from the provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> /visit	Not covered	None
	<u>Specialist</u> visit	\$20 <u>copay</u> /visit	Not covered	None
	<u>Preventive care</u> /screening /immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	\$100 <u>copay</u> /visit	Not covered	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.aetnapharmacy.com/advancedcontrolaetna	Generic drugs	<u>Copay</u> /prescription: \$5 (retail), \$10 (mail order)	Not covered	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your formulary for prescriptions requiring precertification or step therapy for coverage. Your cost will be high for choosing Brand over Generics unless prescribed Dispense as Written. All prescriptions must be filled through the Aetna Specialty Pharmacy Network. \$200 maximum <u>copay</u> for each 30 day supply.
	Preferred brand drugs	<u>Copay</u> /prescription: \$20 (retail), \$40 (mail order)	Not covered	
	Non-preferred brand drugs	<u>Copay</u> /prescription: \$40 (retail), \$80 (mail order)	Not covered	
	<u>Specialty drugs</u>	20% <u>coinsurance</u>	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery)	Not covered	Not covered	Not covered
	_____	_____	_____	_____
	_____	_____	_____	_____

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services)

- | | | |
|-------------------------------|--|------------------------------------|
| • Cosmetic surgery | • Long-term care | • Routine eye care (Adult & Child) |
| • Dental care (Adult & Child) | • Non-emergency care when traveling outside the U.S. | • Routine foot care |
| • Glasses (Child) | | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| • Acupuncture - 20 visits/calendar year for disease, injury & chronic pain. | • Hearing aids - 1 hearing aid, maximum/24 months | • Private-duty nursing - Included as <u>part of health care.</u> |
| • Bariatric surgery | • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition, including artificial insemination. | |
| • Chiropractic care - 20 visits/calendar year. | | |

Your Rights to Continue Coverage There are agencies that can help if you want to continue your coverage after it ends. The contact information for the California Department of Insurance, Consumer Communications Bureau, 300 South Spring Street, South Tower, Los Angeles, CA 90013, 1-800-913-1117, 1-800-482-4833 (TTY), <http://www.insurance.ca.gov>.

- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church-related plan covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information on the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

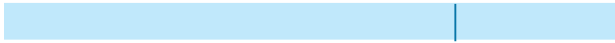
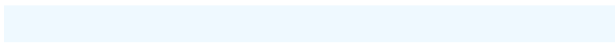
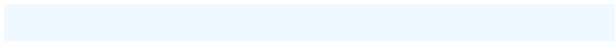
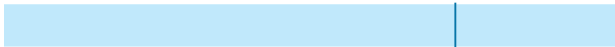
Your Grievance and Appeals Rights There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents contain information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance.

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or toll free number at 1-888-982-3862. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.
- California Department of Insurance, Consumer Communications Bureau, 300 South Spring Street, South Tower, Los Angeles, CA 90013, 1-800-913-1117, 1-800-482-4833 (TTY), <http://www.insurance.ca.gov>.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of what is covered medical care. Your actual costs will be different depending on the actual care you receive, the provider charge, and many other factors. Focus on the amount of deductible, copayments, coinsurance, and excluded services under the plan. Use this information to compare the portion of costs you might pay under different plans. Please note these coverage examples are based on self-only coverage.



[Assistive Technology](#)

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

[Smartphone or Tablet](#)

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

[Non-Discrimination](#)

Aetna complies with applicable California and Federal civil rights laws and does not discriminate, exclude or treat people differently based on the nationality, origin, ethnic group, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation, disability, medical condition, or genetic information.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on race, color, nationality, origin, ethnic group, ancestry, marital status, age, gender, gender identity, sexual orientation, disability, medical condition, or genetic information, by action or inaction, you can also file a complaint with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, Non-HMO,
P.O. Box 14462, Lexington, KY 40512,
1-800-648-7817, TTY: 711, Fax: 859-425-3379,
CRCoordinator@aetna.com.

Civil Rights Coordinator, HMO,
P.O. Box 24030, Fresno, CA 93779,
1-800-648-7817, TTY: 711, Fax: 860-262-7705,
CRCoordinator@aetna.com.

You can also file a complaint with the California Department of Insurance at: www.insurance.ca.gov at: Consumer Services Division, 300 Spring Street South T Los Angeles CA 90013, or at 1-800-927-HELP (4357), TDD: 1-800-482-4TDD (4833).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination against the federal protected classes which include race, color, national origin, age, disability, or sex. You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, <https://portal.hhs.gov/ocr/portal/lobby.js> at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company, Aetna Health Company, and their affiliates (Aetna).

TTY: 711

[Language Assistance:](#)

For language assistance in your language call 1-888-982-3862 at no cost.

Pennsylvania Dutch Um Schprooch Services zu griege mitaus Koscht, ruff **1-888-982-3862**.

Persian - **1-888-982-3862**

Polish - Aby uzyska dost p do bezpłatnych usług j zykowych prosz zadzwono **1-888-982-3862**.

Portuguese - Para acessar os serviços de idiomas sem custo para vocE, ligue para **1-888-982-3862**.

Punjabi - ! " # \$ % " # & #' () ' * % + , &)) % - ') . / % # . \$! , 1-888-982-3862 0 1 / \$ # . / 2

Romanian - Pentru a accesa gratuit serviciile de limb , apela i **1-888-982-3862**.

Russian - **1-888-982-3862**.

Samoan - Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le **1-888-982-3862**.

Serbo-Croatian - Za besplatne prevodila ke usluge pozovite **1-888-982-3862**.

Spanish - Para acceder a los servicios de idiomas sin costo, llame al **1-888-982-3862**.

Sudanic-Fulfulde - Heeba a nasta jangirde djey wolde wola chede bo apelou lamba **1-888-982-3862**.

Swahili - Kupata huduma za lugha bila malipo kwako, piga **1-888-982-3862**.

Syriac - : **1-888-982-3862**

Tagalog - Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-888-982-3862**.

Telugu - 3 4 5 6 7 8 9 ; ; < = > 6 ? @ A B C D 8 E C F 6 G 6 > C F 6 G 6 , 1-888-982-3862 G 6 G 8 = H @ ; I C J .

Thai - **1-888-982-3862**.

Tongan - Kapau 'oku ke fiema'u ta'et t ngi 'a e ngaahi s vesi kotoa p he ngaahi lea kotoa, telefoni ki he **1-888-982-3862**.

Trukese - Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori **1-888-982-3862**.

Turkish - Sizin için ücretsiz dil hizmetlerine eri ebilmek için, **1-888-982-3862** numarayı arayın.

Ukrainian - **1-888-982-3862**.

Urdu - .- " ! & ' \$ & \$ & **1-888-982-3862**

Vietnamese - N u quý v mu n s d ng mi n phí c/c d ch v ngôn ng , h^ay g it is **1-888-982-3862**.

Yiddish - **1-888-982-3862** , ! " # \$ % & &

Yoruba - Lati w næ aw n is òdè l' f fun , pe **1-888-982-3862**.