



Pending Regulatory Approval

# California toolkit

**Plans effective January 1, 2025**

For businesses with 1–100 full-time equivalents

Updated as of 09/18/24

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# Build sustainable, long-term health care solutions

Aetna® medical products  
for small businesses

**No two employer groups are alike. So to build healthy communities and keep your business healthy, we offer a portfolio of benefit solutions and insurance that meets your needs.**

Your company is unique. You have your own culture, your own family of employees — and your own health care needs. We answer those unique needs with a wide selection of health benefits and insurance options. We have designed our medical, pharmacy and specialty benefits for the health of your company. Using a broad range of network, cost sharing and funding options, we can help map out a plan that works for you.

## Pending Regulatory Approval

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

**Health/Dental benefits and health/dental insurance plans are offered and/or underwritten by Aetna Health of California Inc., Aetna Dental of California Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.**

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# Network information

## Networks available by rating area

Y = Network is available

P = Network is available in part of the rating area

County	Rating area	Full MC	Savings Plus MC	Full HMO	AVN HMO	AWH Southern CA HMO
Alpine	1	-	-	-	-	-
Amador	1	Y	-	-	-	-
Butte	1	Y	-	-	-	-
Calaveras	1	Y	-	-	-	-
Colusa	1	Y	-	-	-	-
Del Norte	1	Y	-	-	-	-
Glenn	1	Y	-	-	-	-
Humboldt	1	Y	-	-	-	-
Lake	1	Y	-	-	-	-
Lassen	1	Y	-	-	-	-
Mendocino	1	-	-	-	-	-
Modoc	1	Y	-	-	-	-
Nevada	1	Y	-	P	-	-
Plumas	1	Y	-	-	-	-
Shasta	1	Y	-	-	-	-
Sierra	1	-	-	-	-	-
Siskiyou	1	Y	-	-	-	-
Sutter	1	Y	-	-	-	-
Tehama	1	Y	-	-	-	-
Trinity	1	Y	-	-	-	-
Tuolumne	1	Y	-	-	-	-
Yuba	1	Y	-	-	-	-
Marin	2	Y	-	Y	-	-
Napa	2	Y	-	-	-	-
Solano	2	Y	-	P	-	-
Sonoma	2	Y	-	P	P	-
El Dorado	3	Y	-	P	-	-
Placer	3	Y	-	P	P	-
Sacramento	3	Y	-	Y	Y	-
Yolo	3	Y	-	Y	Y	-
San Francisco	4	Y	-	Y	Y	-
Contra Costa	5	Y	-	Y	P	-
Alameda	6	Y	-	Y	Y	-
Santa Clara	7	Y	-	Y	Y	-
San Mateo	8	Y	-	Y	P	-
Monterey	9	Y	-	-	-	-
San Benito	9	Y	-	-	-	-
Santa Cruz	9	Y	-	Y	Y	-

# Network information

## Networks available by rating area (continued)

Y = Network is available

P = Network is available in part of the rating area

County	Rating area	Full MC	Savings Plus MC	Full HMO	AVN HMO	AWH Southern CA HMO
<b>Mariposa</b>	10	Y	–	–	–	–
<b>Merced</b>	10	Y	–	Y	–	–
<b>San Joaquin</b>	10	Y	–	P	P	–
<b>Stanislaus</b>	10	Y	–	Y	Y	–
<b>Tulare</b>	10	Y	–	P	–	–
<b>Fresno</b>	11	Y	Y	P	–	–
<b>Kings</b>	11	Y	–	Y	–	–
<b>Madera</b>	11	Y	–	P	–	–
<b>San Luis Obispo</b>	12	Y	–	Y	–	Y
<b>Santa Barbara</b>	12	Y	–	Y	–	Y
<b>Ventura</b>	12	Y	Y	Y	Y	P
<b>Imperial</b>	13	Y	–	–	–	–
<b>Inyo</b>	13	–	–	–	–	–
<b>Mono</b>	13	Y	–	–	–	–
<b>Kern</b>	14	Y	–	Y	P	P
<b>Los Angeles</b> (906–912, 915, 917, 918, and 935)	15	Y	Y	Y	P	Y
<b>Los Angeles</b> (all other)	16	Y	Y	Y	P	Y
<b>Riverside/San Bernardino</b>	17	Y	P	P	P	P
<b>Orange</b>	18	Y	Y	Y	Y	Y
<b>San Diego</b>	19	Y	Y	Y	P	P

# Network information

## Plans available by network

HMO plan/networks			
HMO plans*	Full HMO	AVN	AWH Southern CA
Platinum HMO \$20/30 0 M		•	•
Platinum HMO \$20/40 0	•	•	•
Gold HMO \$25/50 500	•	•	•
Gold HMO \$25/65 1250	•	•	•
Gold HMO \$30/60 0	•	•	•
Gold HMO \$35/65 0	•	•	•
Gold HMO \$35/55 250 M		•	•
Silver HMO \$50/70 0	•	•	•
Silver HMO \$55/90 2500 M		•	•
Silver HMO \$60/100 2500	•	•	•
Bronze HMO \$60/95 5800 M	•		
Bronze HMO \$75/125 8550	•		

MC plan/networks		
MC plans*	MC Open Access	Savings Plus
Platinum MC 90/50 0 M	•	•
Platinum MC 80/50 250	•	•
Gold MC 80/50 350 M	•	•
Gold MC 75/50 500	•	•
Gold MC 70/50 1250	•	•
Gold MC 80/50 1500	•	•
Gold MC 90/50 3300 HSA	•	•
Silver MC 60/50 2100	•	•
Silver MC Plan 65/50 2500 M	•	•
Silver MC 65/50 2600	•	•
Bronze MC 50/50 8300	•	•
Bronze MC 100 6650 HSA M	•	•

PPO plan	PPO plan/network
Gold PPO 80/50 1000	•
Silver PPO 60/50 2100	•
Bronze PPO 55/50 5500	•
Bronze PPO 50/50 8300	•

\*M = Covered California Mandated Benefit Plan.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name – see plan documents for details.

# Plan mapping

## HMO plans

2024 available plans*	2025 available plans*
HMO Platinum CA \$20/40 0	HMO Platinum CA \$20/40 0
HMO Gold CA \$25/50 500	HMO Gold CA \$25/50 500
HMO Gold CA \$25/65 1250	HMO Gold CA \$25/65 1250
HMO Gold CA \$30/60 0	HMO Gold CA \$30/60 0
HMO Gold CA \$35/65 0	HMO Gold CA \$35/65 0
HMO Silver CA \$50/70 0	HMO Silver CA \$50/70 0
HMO Silver CA \$60/100 2500	HMO Silver CA \$60/100 2500
HMO Bronze CA \$60/95 6300M	HMO Bronze CA \$60/95 5800 M
HMO Bronze CA \$75/125 8550	HMO Bronze CA \$75/125 8550
Aetna Value Network HMO Platinum CA \$20/30 0 M	Aetna Value Network HMO Platinum CA \$20/30 0 M
Aetna Value Network HMO Platinum CA \$20/40 0	Aetna Value Network HMO Platinum CA \$20/40 0
Aetna Value Network HMO Gold CA \$25/50 500	Aetna Value Network HMO Gold CA \$25/50 500
Aetna Value Network HMO Gold CA \$25/65 1250	Aetna Value Network HMO Gold CA \$25/65 1250
Aetna Value Network HMO Gold CA \$30/60 0	Aetna Value Network HMO Gold CA \$30/60 0
Aetna Value Network HMO Gold CA \$35/65 0	Aetna Value Network HMO Gold CA \$35/65 0
Aetna Value Network HMO Gold CA \$35/55 250 M	Aetna Value Network HMO Gold CA \$35/55 250 M
Aetna Value Network HMO Silver CA \$50/70 0	Aetna Value Network HMO Silver CA \$50/70 0
Aetna Value Network HMO Silver CA \$55/90 2500 M	Aetna Value Network HMO Silver CA \$55/90 2500 M
Aetna Value Network HMO Silver CA \$60/100 2500	Aetna Value Network HMO Silver CA \$60/100 2500
Aetna Value Network HMO Bronze CA \$75/125 8550	HMO Bronze CA \$75/125 8550

\*Suggested 2025 plans are most similar to the 2024 plan. Group may choose up to 10 plans from the 2025 portfolio.

\*\*All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name – see plan documents for details.

# Plan mapping

## OAMC and PPO

2024 available plans*	2025 available plans*
OA Managed Choice POS Platinum CA 90/50 0 M	OA Managed Choice POS Platinum CA 90/50 0 M
OA Managed Choice POS Platinum CA 80/50 250	OA Managed Choice POS Platinum CA 80/50 250
OA Managed Choice POS Gold CA 80/50 350 M	OA Managed Choice POS Gold CA 80/50 350 M
OA Managed Choice POS Gold CA 75/50 500	OA Managed Choice POS Gold CA 75/50 500
OA Managed Choice POS Gold CA 70/50 1250	OA Managed Choice POS Gold CA 70/50 1250
OA Managed Choice POS Gold CA 80/50 1500	OA Managed Choice POS Gold CA 80/50 1500
OA Managed Choice POS Gold HDHP CA 90/50 3200 HSA	OA Managed Choice POS Gold HDHP CA 90/50 3300 HSA
OA Managed Choice POS Silver CA 60/50 2100	OA Managed Choice POS Silver CA 60/50 2100
OA Managed Choice POS Silver CA Plan 65/50 2500 M	OA Managed Choice POS Silver CA Plan 65/50 2500 M
OA Managed Choice POS Silver CA 65/50 2600	OA Managed Choice POS Silver CA 65/50 2600
OA Managed Choice POS Bronze CA 55/50 5500	OA Managed Choice POS Silver CA 65/50 2600
OA Managed Choice POS Bronze CA 50/50 8300	OA Managed Choice POS Bronze CA 50/50 8300
OA Managed Choice POS Bronze HDHP CA 100 7050 HSA M	OA Managed Choice POS Bronze HDHP CA 100 6650 HSA M
Savings Plus OA Managed Choice POS Platinum CA 90/50 0 M	Savings Plus OA Managed Choice POS Platinum CA 90/50 0 M
Savings Plus OA Managed Choice POS Platinum CA 80/50 250	Savings Plus OA Managed Choice POS Platinum CA 80/50 250
Savings Plus OA Managed Choice POS Gold CA 80/50 350 M	Savings Plus OA Managed Choice POS Gold CA 80/50 350 M
Savings Plus OA Managed Choice POS Gold CA 75/50 500	Savings Plus OA Managed Choice POS Gold CA 75/50 500
Savings Plus OA Managed Choice POS Gold CA 70/50 1250	Savings Plus OA Managed Choice POS Gold CA 70/50 1250
Savings Plus OA Managed Choice POS Gold CA 80/50 1500	Savings Plus OA Managed Choice POS Gold CA 80/50 1500
Savings Plus OA Managed Choice POS Gold HDHP CA 90/50 3200 HSA	Savings Plus OA Managed Choice POS Gold HDHP CA 90/50 3300 HSA
Savings Plus OA Managed Choice POS Silver CA 60/50 2100	Savings Plus OA Managed Choice POS Silver CA 60/50 2100
Savings Plus OA Managed Choice POS Silver CA Plan 65/50 2500 M	Savings Plus OA Managed Choice POS Silver CA Plan 65/50 2500 M
Savings Plus OA Managed Choice POS Silver CA 65/50 2600	Savings Plus OA Managed Choice POS Silver CA 65/50 2600
Savings Plus OA Managed Choice POS Bronze CA 55/50 5500	Savings Plus OA Managed Choice POS Silver CA 65/50 2600
Savings Plus OA Managed Choice POS Bronze CA 50/50 8300	Savings Plus OA Managed Choice POS Bronze CA 50/50 8300
Savings Plus OA Managed Choice POS Bronze HDHP CA 100 7050 HSA M	Savings Plus OA Managed Choice POS Bronze HDHP CA 100 6650 HSA M
Open Choice PPO Gold CA 80/50 1000	Open Choice PPO Gold CA 80/50 1000
Open Choice PPO Silver CA 60/50 2100	Open Choice PPO Silver CA 60/50 2100
Open Choice PPO Bronze CA 55/50 5500	Open Choice PPO Bronze CA 55/50 5500
Open Choice PPO Bronze CA 50/50 8300	Open Choice PPO Bronze CA 50/50 8300

\*Suggested 2025 plans are most similar to the 2024 plan. Group may choose up to 10 plans from the 2025 portfolio.

\*\*All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name – see plan documents for details.



# Plan mapping

## Aetna Whole Health plans: HMO and OAMC

2024 available plans*	2025 available plans*
AWH Southern CA HMO Platinum CA \$20/30 0 M	AWH Southern CA HMO Platinum CA \$20/30 0 M
AWH Southern CA HMO Platinum CA \$20/40 0	AWH Southern CA HMO Platinum CA \$20/40 0
AWH Southern CA HMO Gold CA \$25/50 500	AWH Southern CA HMO Gold CA \$25/50 500
AWH Southern CA HMO Gold CA \$25/65 1250	AWH Southern CA HMO Gold CA \$25/65 1250
AWH Southern CA HMO Gold CA \$30/60 0	AWH Southern CA HMO Gold CA \$30/60 0
AWH Southern CA HMO Gold CA \$35/65 0	AWH Southern CA HMO Gold CA \$35/65 0
AWH Southern CA HMO Gold CA \$35/55 250 M	AWH Southern CA HMO Gold CA \$35/55 250 M
AWH Southern CA HMO Silver CA \$50/70 0	AWH Southern CA HMO Silver CA \$50/70 0
AWH Southern CA HMO Silver CA \$55/90 2500 M	AWH Southern CA HMO Silver CA \$55/90 2500 M
AWH Southern CA HMO Silver CA \$60/100 2500	AWH Southern CA HMO Silver CA \$60/100 2500
AWH Southern CA HMO Bronze CA \$75/125 8550	HMO Bronze CA \$75/125 8550
AWH Northern CA HMO Platinum CA \$20/30 0 M	Aetna Value Network HMO Platinum CA \$20/30 0 M
AWH Northern CA HMO Platinum CA \$20/40 0	HMO Platinum CA \$20/40 0
AWH Northern CA HMO Gold CA \$25/50 500	HMO Gold CA \$25/50 500
AWH Northern CA HMO Gold CA \$25/65 1250	HMO Gold CA \$25/65 1250
AWH Northern CA HMO Gold CA \$30/60 0	HMO Gold CA \$30/60 0
AWH Northern CA HMO Gold CA \$35/65 0	HMO Gold CA \$35/65 0
AWH Northern CA HMO Gold CA \$35/55 250 M	Aetna Value Network HMO Gold CA \$35/55 250 M
AWH Northern CA HMO Silver CA \$50/70 0	HMO Silver CA \$50/70 0
AWH Northern CA HMO Silver CA \$55/90 2500 M	Aetna Value Network HMO Silver CA \$55/90 2500 M
AWH Northern CA HMO Silver CA \$60/100 2500	HMO Silver CA \$60/100 2500
AWH Northern CA HMO Bronze CA \$75/125 8550	HMO Bronze CA \$75/125 8550

\*Suggested 2025 plans are most similar to the 2024 plan. Group may choose up to 10 plans from the 2025 portfolio.

\*\*All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name – see plan documents for details.

# Medical plans

## HMO

Plan names	CA Platinum HMO AVN \$20/30 0 M	CA Platinum HMO \$20/40 0
	CA Platinum HMO AWH SoCA \$20/30 0 M	CA Platinum HMO AVN \$20/40 0 CA Platinum HMO AWH SoCA \$20/40 0
	In network	In network
<b>Deductible</b> (Individual/Family)	\$0/\$0	\$0/\$0
<b>Out-of-pocket limit</b> (Individual/Family)	\$4,500/\$9,000	\$3,500/\$7,000
<b>Coinsurance</b>	10%	10%
<b>Primary care office visit</b>	\$20	\$20
<b>Specialist office visit</b>	\$30	\$40
<b>Mental health/chemical dependency office visits</b>	\$20	\$20
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$20	Covered in full DW/\$20
<b>Lab / X-ray</b>	\$20 /\$30	\$20 /\$20
<b>Imaging CT/PET scans / MRIs</b>	\$100	\$100
<b>Inpatient hospital</b>	\$250/d, days 1-5	\$350/d, days 1-3
<b>Outpatient surgery</b>	\$100	\$100
<b>Emergency room</b>	\$150	\$250
<b>Ambulance</b>	\$150	\$250
<b>Urgent care</b>	\$20	\$40
<b>Home health care services</b>	\$20	\$40
<b>Durable medical equipment</b>	10%	10%
<b>Rehabilitation services (PT/OT/ST)</b>	\$20	\$40
<b>Chiropractic†</b>	Not Covered	\$20
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0%	0%
<b>Pediatric dental basic</b> ††	20%	30%
<b>Pediatric dental major</b> ††	50%	50%
<b>Pediatric dental ortho</b> ††	50%	50%
<b>Pediatric vision exam</b> ††	0%	0%
<b>Pediatric vision hardware</b> ††	0%	0%
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$5	\$5
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$20 /\$30	\$20 /\$50
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	10% up to \$250	30% up to \$250

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/INF in the plan name – see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	CA Gold HMO \$25/50 500	CA Gold HMO \$25/65 1250
	CA Gold HMO AVN \$25/50 500	CA Gold HMO AVN \$25/65 1250
	CA Gold HMO AWH SoCA \$25/50 500	CA Gold HMO AWH SoCA \$25/65 1250
	In network	In network
<b>Deductible</b> (Individual/Family)	\$500/\$1,000	\$1,250/\$2,500
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,200/\$16,400	\$7,800/\$15,600
<b>Coinsurance</b>	20%	30%
<b>Primary care office visit</b>	\$25 DW	\$25 DW
<b>Specialist office visit</b>	\$50 DW	\$65 DW
<b>Mental health/chemical dependency office visits</b>	\$25 DW	\$25 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$25 DW	Covered in full DW/\$25 DW
<b>Lab / X-ray</b>	\$25 DW/\$60 DW	\$15 DW/\$15 DW
<b>Imaging CT/PET scans / MRIs</b>	\$300 DW	\$125 DW
<b>Inpatient hospital</b>	20% AD	30% AD
<b>Outpatient surgery</b>	Freestanding facility 20% AD/ Hospital 20% AD	30% AD
<b>Emergency room</b>	\$500 AD	30% AD
<b>Ambulance</b>	\$500 AD	30% AD
<b>Urgent care</b>	\$50 DW	\$70 DW
<b>Home health care services</b>	20% AD	30% AD
<b>Durable medical equipment</b>	20% AD	30% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$50 DW	\$65 DW
<b>Chiropractic†</b>	\$25 DW	\$25 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% AD	0% AD
<b>Pediatric dental basic</b> <sup>††</sup>	30% AD	30% AD
<b>Pediatric dental major</b> <sup>††</sup>	50% AD	50% AD
<b>Pediatric dental ortho</b> <sup>††</sup>	50% AD	50% AD
<b>Pediatric vision exam</b> <sup>††</sup>	0% DW	0% DW
<b>Pediatric vision hardware</b> <sup>††</sup>	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	\$250/\$500
<b>Pharmacy</b> Preferred generic	\$15	\$15 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$50 /\$80	\$45 AD/\$85 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250	30% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	CA Gold HMO \$30/60 0	CA Gold HMO \$35/65 0
	CA Gold HMO AVN \$30/60 0	CA Gold HMO AVN \$35/65 0
	CA Gold HMO AWH SoCA \$30/60 0	CA Gold HMO AWH SoCA \$35/65 0
	In network	In network
<b>Deductible</b> (Individual/Family)	\$0/\$0	\$0/\$0
<b>Out-of-pocket limit</b> (Individual/Family)	\$7,500/\$15,000	\$8,500/\$17,000
<b>Coinsurance</b>	20%	0%
<b>Primary care office visit</b>	\$30	\$35
<b>Specialist office visit</b>	\$60	\$65
<b>Mental health/chemical dependency office visits</b>	\$30	\$35
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$30	Covered in full DW/\$35
<b>Lab / X-ray</b>	\$60/\$60	\$35/\$55
<b>Imaging CT/PET scans / MRIs</b>	\$250	\$250
<b>Inpatient hospital</b>	\$750/d, days 1-3	\$750/d, days 1-5
<b>Outpatient surgery</b>	Freestanding facility \$150 / Hospital \$300	Freestanding facility \$150 / Hospital \$350
<b>Emergency room</b>	\$325	\$325
<b>Ambulance</b>	\$325	\$325
<b>Urgent care</b>	\$60	\$65
<b>Home health care services</b>	\$60	\$65
<b>Durable medical equipment</b>	20%	0%
<b>Rehabilitation services (PT/OT/ST)</b>	\$60	\$65
<b>Chiropractic†</b>	\$30	\$35
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0%	0%
<b>Pediatric dental basic</b> ††	30%	30%
<b>Pediatric dental major</b> ††	50%	50%
<b>Pediatric dental ortho</b> ††	50%	50%
<b>Pediatric vision exam</b> ††	0%	0%
<b>Pediatric vision hardware</b> ††	0%	0%
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$15	\$15
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$50 /\$80	\$40 /\$70
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250	20% up to \$250

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	CA Gold HMO AVN \$35/55 250 M	CA Silver HMO \$50/70 0
	CA Gold HMO AWH SoCA \$35/55 250 M	CA Silver HMO AVN \$50/70 0 CA Silver HMO AWH SoCA \$50/70 0
	In network	In network
<b>Deductible</b> (Individual/Family)	\$250/\$500	\$0/\$0
<b>Out-of-pocket limit</b> (Individual/Family)	\$7,800/\$15,600	\$8,700/\$17,400
<b>Coinsurance</b>	0%	50%
<b>Primary care office visit</b>	\$35 DW	\$50
<b>Specialist office visit</b>	\$55 DW	\$70
<b>Mental health/chemical dependency office visits</b>	\$35 DW	\$50
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$35 DW	Covered in full DW/\$50
<b>Lab / X-ray</b>	\$35 DW/\$55 DW	\$70 /\$70
<b>Imaging CT/PET scans / MRIs</b>	\$250 AD	50%
<b>Inpatient hospital</b>	\$600/d, days 1-5 AD	50%
<b>Outpatient surgery</b>	\$300 AD	Freestanding facility 50% / Hospital 50%
<b>Emergency room</b>	\$250 AD	50%
<b>Ambulance</b>	\$250 AD	50%
<b>Urgent care</b>	\$35 DW	\$70
<b>Home health care services</b>	\$35 DW	50%
<b>Durable medical equipment</b>	20% DW	50%
<b>Rehabilitation services (PT/OT/ST)</b>	\$35 DW	\$70
<b>Chiropractic†</b>	Not Covered	\$35
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% DW	0%
<b>Pediatric dental basic</b> <sup>††</sup>	20% DW	30%
<b>Pediatric dental major</b> <sup>††</sup>	50% DW	50%
<b>Pediatric dental ortho</b> <sup>††</sup>	50% DW	50%
<b>Pediatric vision exam</b> <sup>††</sup>	0% DW	0%
<b>Pediatric vision hardware</b> <sup>††</sup>	0% DW	0%
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	\$750/\$1,500
<b>Pharmacy</b> Preferred generic	\$15	\$25 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$40 /\$70	50% up to \$250 AD/50% up to \$250 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	20% up to \$250	50% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name – see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	CA Silver HMO AVN \$55/90 2500 M	CA Silver HMO \$60/100 2500
	CA Silver HMO AWH SoCA \$55/90 2500 M	CA Silver HMO AVN \$60/100 2500 CA Silver HMO AWH SoCA \$60/100 2500
	In network	In network
<b>Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$2,500/\$5,000
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,750/\$17,500	\$9,100/\$18,200
<b>Coinsurance</b>	35%	40%
<b>Primary care office visit</b>	\$55 DW	\$60 DW
<b>Specialist office visit</b>	\$90 DW	\$100 DW
<b>Mental health/chemical dependency office visits</b>	\$55 DW	\$60 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$55 DW	Covered in full DW/\$60 DW
<b>Lab / X-ray</b>	\$55 DW/\$90 DW	\$60 DW/\$100 DW
<b>Imaging CT/PET scans / MRIs</b>	\$300 AD	\$350 DW
<b>Inpatient hospital</b>	35% AD	40% AD
<b>Outpatient surgery</b>	35% AD	Freestanding facility 40% AD/ Hospital 40% AD
<b>Emergency room</b>	35% AD	40% AD
<b>Ambulance</b>	35% AD	40% AD
<b>Urgent care</b>	\$55 DW	\$100 DW
<b>Home health care services</b>	\$45 DW	40% AD
<b>Durable medical equipment</b>	35% DW	40% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$55 DW	\$100 DW
<b>Chiropractic†</b>	Not Covered	\$35 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% DW	0% AD
<b>Pediatric dental basic</b> ††	20% DW	30% AD
<b>Pediatric dental major</b> ††	50% DW	50% AD
<b>Pediatric dental ortho</b> ††	50% DW	50% AD
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$300/\$600	\$50/\$100
<b>Pharmacy</b> Preferred generic	\$19 DW	\$20 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$85 AD/\$110 AD	\$80 AD/\$100 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250 AD	30% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	CA Bronze HMO \$60/95 5800 M	CA Bronze HMO \$75/125 8550
	In network	In network
<b>Deductible</b> (Individual/Family)	\$5,800/\$11,600	\$8,550/\$17,100
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,850/\$17,700	\$8,550/\$17,100
<b>Coinsurance</b>	40%	0%
<b>Primary care office visit</b>	\$60 DW	\$75 DW
<b>Specialist office visit</b>	\$95 DW/visits 1-3, \$95 AD/visits 4+	\$125 DW
<b>Mental health/chemical dependency office visits</b>	\$60 DW	\$75 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	\$0 DW/\$60 DW	Covered in full DW/\$75 DW
<b>Lab / X-ray</b>	\$40 DW/40% AD	\$125 DW/\$125 DW
<b>Imaging CT/PET scans / MRIs</b>	40% AD	\$400 DW
<b>Inpatient hospital</b>	40% AD	0% AD
<b>Outpatient surgery</b>	40% AD	0% AD
<b>Emergency room</b>	40% AD	0% AD
<b>Ambulance</b>	40% AD	0% AD
<b>Urgent care</b>	\$60 DW	\$125 DW
<b>Home health care services</b>	40% AD	0% AD
<b>Durable medical equipment</b>	40% AD	0% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$60 DW	\$125 DW
<b>Chiropractic†</b>	Not Covered	\$35 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% DW	0% AD
<b>Pediatric dental basic</b> <sup>††</sup>	20% DW	0% AD
<b>Pediatric dental major</b> <sup>††</sup>	50% DW	0% AD
<b>Pediatric dental ortho</b> <sup>††</sup>	50% DW	0% AD
<b>Pediatric vision exam</b> <sup>††</sup>	0% DW	0% DW
<b>Pediatric vision hardware</b> <sup>††</sup>	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$450/\$900	None
<b>Pharmacy</b> Preferred generic	\$19 AD	\$35 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	40% up to \$500 AD/40% up to \$500 AD	0% AD/0% AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	40% up to \$500 AD	0% AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## Open Access Managed Choice

Plan names	CA Platinum MC 90/50 0 M	CA Platinum MC 80/50 250
	CA Platinum MC Savings Plus 90/50 0 M	CA Platinum MC Savings Plus 80/50 250
	In network	In network
<b>Deductible</b> (Individual/Family)	\$0/\$0	\$250/\$500
<b>Out-of-pocket limit</b> (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000
<b>Coinsurance</b>	10%	20%
<b>Primary care office visit</b>	\$15	\$15 DW
<b>Specialist office visit</b>	\$30	\$30 DW
<b>Mental health/chemical dependency office visits</b>	\$15	\$15 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$15	Covered in full DW/\$15 DW
<b>Lab / X-ray</b>	\$15 /\$30	20% AD/20% AD
<b>Imaging CT/PET scans / MRIs</b>	10%	20% AD
<b>Inpatient hospital</b>	10%	20% AD
<b>Outpatient surgery</b>	10%	20% AD
<b>Emergency room</b>	\$200	\$200+20% AD
<b>Ambulance</b>	\$150	\$200+20% AD
<b>Urgent care</b>	\$15	\$30 DW
<b>Home health care services</b>	10%	20% AD
<b>Durable medical equipment</b>	10%	20% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$15	\$30 DW
<b>Chiropractic†</b>	Not Covered	\$30 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0%	0% AD
<b>Pediatric dental basic</b> <sup>††</sup>	20%	30% AD
<b>Pediatric dental major</b> <sup>††</sup>	50%	50% AD
<b>Pediatric dental ortho</b> <sup>††</sup>	50%	50% AD
<b>Pediatric vision exam</b> <sup>††</sup>	0%	0% DW
<b>Pediatric vision hardware</b> <sup>††</sup>	0%	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$10	\$5
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$25 /\$40	\$35 /\$80
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	10% up to \$250	20% up to \$250

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/INF in the plan name – see plan documents for details.



# Medical plans

## Open Access Managed Choice (continued)

Plan names	CA Gold MC 80/50 350 M	CA Gold MC 75/50 500
	CA Gold MC Savings Plus 80/50 350 M	CA Gold MC Savings Plus 75/50 500
	In network	In network
<b>Deductible</b> (Individual/Family)	\$350/\$700	\$500/\$1,000
<b>Out-of-pocket limit</b> (Individual/Family)	\$7,800/\$15,600	\$8,500/\$17,000
<b>Coinsurance</b>	20%	25%
<b>Primary care office visit</b>	\$25 DW	\$20 DW
<b>Specialist office visit</b>	\$50 DW	\$50 DW
<b>Mental health/chemical dependency office visits</b>	\$25 DW	\$20 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$25 DW	Covered in full DW/\$20 DW
<b>Lab / X-ray</b>	\$25 DW/\$65 DW	\$50 DW/25% DW
<b>Imaging CT/PET scans / MRIs</b>	20% DW	25% AD
<b>Inpatient hospital</b>	20% AD	25% AD
<b>Outpatient surgery</b>	20% DW	25% AD
<b>Emergency room</b>	20% AD	25% AD
<b>Ambulance</b>	20% AD	25% AD
<b>Urgent care</b>	\$25 DW	\$50 DW
<b>Home health care services</b>	20% DW	25% AD
<b>Durable medical equipment</b>	20% DW	25% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$25 DW	\$50 DW
<b>Chiropractic†</b>	Not Covered	\$50 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% DW	0% AD
<b>Pediatric dental basic</b> ††	20% DW	30% AD
<b>Pediatric dental major</b> ††	50% DW	50% AD
<b>Pediatric dental ortho</b> ††	50% DW	50% AD
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	\$300/\$600
<b>Pharmacy</b> Preferred generic	\$15	\$15 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$50 /\$80	\$55 AD/\$80 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	20% up to \$250	25% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## Open Access Managed Choice (continued)

Plan names	CA Gold MC 70/50 1250	CA Gold MC 80/50 1500
	CA Gold MC Savings Plus 70/50 1250	CA Gold MC Savings Plus 80/50 1500
	In network	In network
<b>Deductible</b> (Individual/Family)	\$1,250/\$2,500	\$1,500/\$3,000
<b>Out-of-pocket limit</b> (Individual/Family)	\$7,500/\$15,000	\$7,900/\$15,800
<b>Coinsurance</b>	30%	20%
<b>Primary care office visit</b>	\$20 DW	\$25 DW
<b>Specialist office visit</b>	\$50 DW	\$45 DW
<b>Mental health/chemical dependency office visits</b>	\$20 DW	\$25 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$20 DW	Covered in full DW/\$25 DW
<b>Lab / X-ray</b>	\$20 DW/30% AD	20% AD/20% AD
<b>Imaging CT/PET scans / MRIs</b>	30% AD	20% AD
<b>Inpatient hospital</b>	30% AD	20% AD
<b>Outpatient surgery</b>	30% AD	20% AD
<b>Emergency room</b>	\$250 DW	20% AD
<b>Ambulance</b>	\$250 DW	20% AD
<b>Urgent care</b>	\$50 DW	\$45 DW
<b>Home health care services</b>	30% AD	20% AD
<b>Durable medical equipment</b>	30% AD	20% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$50 DW	\$45 DW
<b>Chiropractic†</b>	\$50 DW	\$45 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% AD
<b>Pediatric dental basic</b> ††	30% AD	30% AD
<b>Pediatric dental major</b> ††	50% AD	50% AD
<b>Pediatric dental ortho</b> ††	50% AD	50% AD
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$300/\$600	\$300/\$600
<b>Pharmacy</b> Preferred generic	\$15 DW	\$15 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$55 AD/\$80 AD	\$55 AD/\$80 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250 AD	20% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## Open Access Managed Choice (continued)

Plan names	CA Gold MC 90/50 3300 HSA	CA Silver MC 60/50 2100
	CA Gold MC Savings Plus 90/50 3300 HSA	CA Silver MC Savings Plus 60/50 2100
	In network	In network
<b>Deductible</b> (Individual/Family)	\$3,300/\$6,600	\$2,100/\$4,200
<b>Out-of-pocket limit</b> (Individual/Family)	\$4,200/\$8,400	\$9,100/\$18,200
<b>Coinsurance</b>	10%	40%
<b>Primary care office visit</b>	10% AD	\$45 DW
<b>Specialist office visit</b>	10% AD	\$75 DW
<b>Mental health/chemical dependency office visits</b>	10% AD	\$45 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full AD/10% AD	Covered in full DW/\$45 DW
<b>Lab / X-ray</b>	10% AD/10% AD	\$55 DW/40% AD
<b>Imaging CT/PET scans / MRIs</b>	10% AD	40% AD
<b>Inpatient hospital</b>	10% AD	40% AD
<b>Outpatient surgery</b>	10% AD	40% AD
<b>Emergency room</b>	10% AD	40% AD
<b>Ambulance</b>	10% AD	40% AD
<b>Urgent care</b>	10% AD	\$75 DW
<b>Home health care services</b>	10% AD	40% AD
<b>Durable medical equipment</b>	10% AD	40% AD
<b>Rehabilitation services (PT/OT/ST)</b>	10% AD	\$75 DW
<b>Chiropractic†</b>	10% AD	\$75 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% AD
<b>Pediatric dental basic</b> ††	30% AD	30% AD
<b>Pediatric dental major</b> ††	50% AD	50% AD
<b>Pediatric dental ortho</b> ††	50% AD	50% AD
<b>Pediatric vision exam</b> ††	0% AD	0% DW
<b>Pediatric vision hardware</b> ††	0% AD	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	\$300/\$600
<b>Pharmacy</b> Preferred generic	10% up to \$250 AD	\$20 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	10% up to \$250 AD/10% up to \$250 AD	\$80 AD/\$120 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	10% up to \$250 AD	40% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## Open Access Managed Choice (continued)

Plan names	CA Silver MC 65/50 2500 M	CA Silver MC 65/50 2600
	CA Silver MC Savings Plus 65/50 2500 M	CA Silver MC Savings Plus 65/50 2600
	In network	In network
<b>Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$2,600/\$5,200
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,600/\$17,200	\$9,000/\$18,000
<b>Coinsurance</b>	35%	35%
<b>Primary care office visit</b>	\$55 DW	\$50 DW
<b>Specialist office visit</b>	\$90 DW	\$90 DW
<b>Mental health/chemical dependency office visits</b>	\$55 DW	\$50 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$55 DW	Covered in full DW/\$50 DW
<b>Lab / X-ray</b>	\$55 DW/\$90 DW	\$50 DW/\$90 DW
<b>Imaging CT/PET scans / MRIs</b>	35% AD	35% AD
<b>Inpatient hospital</b>	35% AD	35% AD
<b>Outpatient surgery</b>	35% AD	35% AD
<b>Emergency room</b>	35% AD	\$250+35% AD
<b>Ambulance</b>	35% AD	\$250+35% AD
<b>Urgent care</b>	\$55 DW	\$90 DW
<b>Home health care services</b>	35% DW	35% AD
<b>Durable medical equipment</b>	35% DW	35% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$55 DW	\$90 DW
<b>Chiropractic†</b>	Not Covered	\$90 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% DW	0% AD
<b>Pediatric dental basic</b> ††	20% DW	30% AD
<b>Pediatric dental major</b> ††	50% DW	50% AD
<b>Pediatric dental ortho</b> ††	50% DW	50% AD
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$300/\$600	\$100/\$200
<b>Pharmacy</b> Preferred generic	\$20 DW	\$15 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$75 AD/\$105 AD	\$70 AD/\$120 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250 AD	30% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name – see plan documents for details.

# Medical plans

## Open Access Managed Choice (continued)

Plan names	CA Bronze MC 50/50 8300	CA Bronze MC 100 6650 HSA M
	CA Bronze MC Savings Plus 50/50 8300	CA Bronze MC Savings Plus 100 6650 HSA M
	In network	In network
<b>Deductible</b> (Individual/Family)	\$8,300/\$16,600	\$6,650/\$13,300
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,900/\$17,800	\$6,650/\$13,300
<b>Coinsurance</b>	50%	0%
<b>Primary care office visit</b>	\$85 DW/visit 1, \$0 AD visits 2+	0% AD
<b>Specialist office visit</b>	\$95 AD	0% AD
<b>Mental health/chemical dependency office visits</b>	\$85 AD	0% AD
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$85 DW/visit 1, \$0 AD visits 2+	Covered in full AD/0% AD
<b>Lab / X-ray</b>	\$85 DW/50% AD	0% AD/0% AD
<b>Imaging CT/PET scans / MRIs</b>	50% AD	0% AD
<b>Inpatient hospital</b>	50% AD	0% AD
<b>Outpatient surgery</b>	50% AD	0% AD
<b>Emergency room</b>	50% AD	0% AD
<b>Ambulance</b>	50% AD	0% AD
<b>Urgent care</b>	\$95 DW	0% AD
<b>Home health care services</b>	50% AD	0% AD
<b>Durable medical equipment</b>	50% AD	0% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$95 AD	0% AD
<b>Chiropractic†</b>	\$95 AD	Not Covered
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% AD	0% DW
<b>Pediatric dental basic</b> <sup>††</sup>	30% AD	20% DW
<b>Pediatric dental major</b> <sup>††</sup>	50% AD	50% DW
<b>Pediatric dental ortho</b> <sup>††</sup>	50% AD	50% DW
<b>Pediatric vision exam</b> <sup>††</sup>	0% DW	0% DW
<b>Pediatric vision hardware</b> <sup>††</sup>	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$30 DW	0% AD
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$100 AD/\$150 AD	0% AD/0% AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	50% up to \$500 AD	0% AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/INF in the plan name – see plan documents for details.

# Medical plans

## PPO

Plan names	Open Choice PPO Gold CA 80/50 1000	Open Choice PPO Silver CA 60/50 2100
	In network	In network
<b>Deductible</b> (Individual/Family)	\$1,000/\$2,000	\$2,100/\$4,200
<b>Out-of-pocket limit</b> (Individual/Family)	\$7,000/\$14,000	\$9,100/\$18,200
<b>Coinsurance</b>	20%	40%
<b>Primary care office visit</b>	\$20 DW	\$45 DW
<b>Specialist office visit</b>	\$50 DW	\$75 DW
<b>Mental health/chemical dependency office visits</b>	\$20 DW	\$45 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$20 DW	Covered in full DW/\$45 DW
<b>Lab / X-ray</b>	\$20 DW/20% DW	\$55 DW/40% AD
<b>Imaging CT/PET scans / MRIs</b>	20% AD	40% AD
<b>Inpatient hospital</b>	20% AD	40% AD
<b>Outpatient surgery</b>	20% AD	40% AD
<b>Emergency room</b>	20% AD	40% AD
<b>Ambulance</b>	20% AD	40% AD
<b>Urgent care</b>	\$50 DW	\$75 DW
<b>Home health care services</b>	20% AD	40% AD
<b>Durable medical equipment</b>	20% AD	40% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$50 DW	\$75 DW
<b>Chiropractic†</b>	\$50 DW	\$75 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% AD
<b>Pediatric dental basic</b> ††	30% AD	30% AD
<b>Pediatric dental major</b> ††	50% AD	50% AD
<b>Pediatric dental ortho</b> ††	50% AD	50% AD
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$300/\$600	\$300/\$600
<b>Pharmacy</b> Preferred generic	\$15 DW	\$20 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$55 AD/\$80 AD	\$80 AD/\$120 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	20% up to \$250 AD	40% up to \$250 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/NF in the plan name – see plan documents for details.

# Medical plans

## PPO (continued)

Plan names	Open Choice PPO Bronze CA 55/50 5500	Open Choice PPO Bronze CA 50/50 8300
	In network	In network
<b>Deductible</b> (Individual/Family)	\$5,500/\$11,000	\$8,300/\$16,600
<b>Out-of-pocket limit</b> (Individual/Family)	\$9,100/\$18,200	\$8,900/\$17,800
<b>Coinsurance</b>	45%	50%
<b>Primary care office visit</b>	\$70 DW	\$85 DW/visit 1, \$0 AD visits 2+
<b>Specialist office visit</b>	\$80 DW	\$95 AD
<b>Mental health/chemical dependency office visits</b>	\$70 DW	\$85 AD
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$70 DW	Covered in full DW/\$85 DW/visit 1, \$0 AD visits 2+
<b>Lab / X-ray</b>	\$70 DW/\$80 AD	\$85 DW/50% AD
<b>Imaging CT/PET scans / MRIs</b>	45% AD	50% AD
<b>Inpatient hospital</b>	45% AD	50% AD
<b>Outpatient surgery</b>	45% AD	50% AD
<b>Emergency room</b>	45% AD	50% AD
<b>Ambulance</b>	45% AD	50% AD
<b>Urgent care</b>	\$100 DW	\$95 DW
<b>Home health care services</b>	45% AD	50% AD
<b>Durable medical equipment</b>	45% AD	50% AD
<b>Rehabilitation services (PT/OT/ST)</b>	45% AD	\$95 AD
<b>Chiropractic†</b>	\$35 DW	\$95 AD
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% AD
<b>Pediatric dental basic</b> ††	30% AD	30% AD
<b>Pediatric dental major</b> ††	50% AD	50% AD
<b>Pediatric dental ortho</b> ††	50% AD	50% AD
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$20 DW	\$30 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$80 AD/\$100 AD	\$100 AD/\$150 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	45% up to \$500 AD	50% up to \$500 AD

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include w/INF in the plan name – see plan documents for details.

# Medical 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: To access specific Summary of Benefits and Coverage (SBC) documents, please go to [Aetna.com/sbcsearch/home](https://www.aetna.com/sbcsearch/home). For more information, please contact your licensed agent or Aetna Sales Representative.

## **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.

## **\*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 member's accumulators. For HMO based plans the cost difference penalty does apply to the member's accumulators. Plans include Maintenance Choice with opt out. For specific details, consult the Summary of Benefits and Coverage (SBC).

Note: To find prescription drug coverage, please go to [Aetna.com/individuals-families/find-a-medication.html](https://www.aetna.com/individuals-families/find-a-medication.html) and choose Aetna Health Exchange Plan - Small Group. Aetna Health Exchange Plan - Small Group has two formulary guides, California - HMO and California - OAMC, PPO. For more information, please contact your licensed agent or Aetna Sales Representative.

## **†Chiropractic/subluxation**

Services have a limit of **20** visits per calendar year. Benefit limits are not shared between rehabilitation and habilitation services.

## **††Vision and Dental services**

These plans do not cover all dental and vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent. Important Notes: This plan will cover 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year age 0-19.



# Dental plans

## Voluntary and contributory dental 2–100

Plan names	CA 1A	CA 1B	CA 5B FOC Active PPO 90th		
	DMO Copay 58	DMO Copay 56	Monthly Selection Between DMO and PPO		
	Fixed copay 58	Fixed copay 56	Fixed copay 66	Preferred PPO 100/90/60	Non preferred PPO 100/80/50
<b>Office visit copay</b>	\$5	None	None	N/A	N/A
<b>Annual deductible per member</b> (does not apply to diagnostic & preventive services)	None	None	None	\$50; 3X family maximum	\$50; 3X family maximum
<b>Annual maximum benefit</b>	Unlimited	Unlimited	Unlimited	\$2,000	\$2,000
<b>Diagnostic services</b>					
<b>Oral exams</b>					
Periodic oral exam	No charge	No charge	No charge	100%	100%
Comprehensive oral exam	No charge	No charge	No charge	100%	100%
Problem-focused oral exam	No charge	No charge	No charge	100%	100%
<b>X-rays</b>					
Bitewing – single film	No charge	No charge	No charge	100%	100%
Complete series	No charge	No charge	No charge	100%	100%
<b>Preventive services</b>					
Adult cleaning	No charge	No charge	No charge	100%	100%
Child cleaning	No charge	No charge	No charge	100%	100%
Sealants – per tooth	\$5	No charge	No charge	100%	100%
Fluoride application – child	No charge	No charge	No charge	100%	100%
Space maintainers – fixed	\$60	No charge	No charge	100%	100%
<b>Basic services</b>					
Amalgam filling – 2 surfaces	No charge	No charge	No charge	90%	80%
Resin filling – 2 surfaces, anterior	No charge	No charge	No charge	90%	80%
<b>Endodontic services</b>					
Bicuspid root canal therapy	\$85	No charge	No charge	90%	80%
<b>Periodontic services</b>					
Scaling & root planing – per quadrant	\$55	\$25	\$35	90%	80%
<b>Oral surgery</b>					
Extraction – exposed root or erupted tooth	No charge	No charge	No charge	90%	80%
Extraction of impacted tooth – soft tissue	\$46	No charge	No charge	90%	80%
<b>Major services*</b>					
Complete upper denture	\$275	\$185	\$200	60%	50%
Partial upper denture (Resin base)	\$275	\$185	\$200	60%	50%
Crown – porcelain with noble metal	\$210	\$150	\$180	60%	50%
Pontic – porcelain with noble metal	\$210	\$150	\$180	60%	50%
<b>Oral surgery</b>					
Removal of impacted tooth – partially bony	\$58	\$45	\$45	90%	80%
<b>Endodontic services</b>					
Molar root canal therapy	\$240	\$125	\$146	90%	80%
<b>Periodontic services</b>					
Osseous surgery – per quadrant	\$300	\$140	\$140	90%	80%
<b>Orthodontic services (optional)*</b>					
<b>Orthodontic lifetime maximum</b>	Does not apply	Does not apply	Does not apply	\$2,000	\$2,000

Refer to page 30 for footnotes.

# Dental plans

## Voluntary and contributory dental 2–100 (continued)

Plan names	CA 7A Active PPO		CA 8A Active PPO Plus 90th		CA 8B Active PPO 2000 90th	
	Preferred 100/90/60	Non-preferred 100/80/50	Preferred 100/90/60	Non-preferred 100/80/50	Preferred 100/90/60	Non-preferred 100/80/50
<b>Office visit copay</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Annual deductible per member</b> (does not apply to diagnostic & preventive services)	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum
<b>Annual maximum benefit</b>	\$1,500	\$1,000	\$2,000	\$1,500	\$2,000	\$2,000
<b>Diagnostic services</b>						
<b>Oral exams</b>						
Periodic oral exam	100%	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%	100%
<b>X-rays</b>						
Bitewing – single film	100%	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%	100%
<b>Preventive services</b>						
Adult cleaning	100%	100%	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%	100%	100%
Fluoride application – child	100%	100%	100%	100%	100%	100%
Space maintainers – fixed	100%	100%	100%	100%	100%	100%
<b>Basic services</b>						
Amalgam filling – 2 surfaces	90%	80%	90%	80%	90%	80%
Resin filling – 2 surfaces, anterior	90%	80%	90%	80%	90%	80%
<b>Endodontic services</b>						
Bicuspid root canal therapy	90%	80%	90%	80%	90%	80%
<b>Periodontic services</b>						
Scaling & root planing – per quadrant	90%	80%	90%	80%	90%	80%
<b>Oral surgery</b>						
Extraction – exposed root or erupted tooth	90%	80%	90%	80%	90%	80%
Extraction of impacted tooth – soft tissue	90%	80%	90%	80%	90%	80%
<b>Major services*</b>						
Complete upper denture	60%	50%	60%	50%	60%	50%
Partial upper denture (Resin base)	60%	50%	60%	50%	60%	50%
Crown – porcelain with noble metal	60%	50%	60%	50%	60%	50%
Pontic – porcelain with noble metal	60%	50%	60%	50%	60%	50%
<b>Oral surgery</b>						
Removal of impacted tooth – partially bony	90%	80%	90%	80%	90%	80%
<b>Endodontic services</b>						
Molar root canal therapy	90%	80%	90%	80%	90%	80%
<b>Periodontic services</b>						
Osseous surgery – per quadrant	90%	80%	90%	80%	90%	80%
<b>Orthodontic services (optional)*</b>						
<b>Orthodontic lifetime maximum</b>	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000

Refer to page 30 for footnotes.

# Dental plans

## Voluntary and contributory dental 2–100 (continued)

Plan names	CA 8C Active PPO 2500 90th		CA 9A PPO Max 1000	CA 10A PPO Max 1500
	Preferred 100/90/60	Non-preferred 100/80/50	PPO max 1000 80/80/50	PPO max 1500 100/80/50
<b>Office visit copay</b>	N/A	N/A	N/A	N/A
<b>Annual deductible per member</b> (does not apply to diagnostic & preventive services)	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum
<b>Annual maximum benefit</b>	\$2,500	\$2,500	\$1,000	\$1,500
<b>Diagnostic services</b>				
<b>Oral exams</b>				
Periodic oral exam	100%	100%	80%	100%
Comprehensive oral exam	100%	100%	80%	100%
Problem-focused oral exam	100%	100%	80%	100%
<b>X-rays</b>				
Bitewing – single film	100%	100%	80%	100%
Complete series	100%	100%	80%	100%
<b>Preventive services</b>				
Adult cleaning	100%	100%	80%	100%
Child cleaning	100%	100%	80%	100%
Sealants – per tooth	100%	100%	80%	100%
Fluoride application – child	100%	100%	80%	100%
Space maintainers – fixed	100%	100%	80%	100%
<b>Basic services</b>				
Amalgam filling – 2 surfaces	90%	80%	80%	80%
Resin filling – 2 surfaces, anterior	90%	80%	80%	80%
<b>Endodontic services</b>				
Bicuspid root canal therapy	90%	80%	50%	80%
<b>Periodontic services</b>				
Scaling & root planing – per quadrant	90%	80%	50%	80%
<b>Oral surgery</b>				
Extraction – exposed root or erupted tooth	90%	80%	50%	80%
Extraction of impacted tooth – soft tissue	90%	80%	50%	80%
<b>Major services*</b>				
Complete upper denture	60%	50%	50%	50%
Partial upper denture (Resin base)	60%	50%	50%	50%
Crown – porcelain with noble metal	60%	50%	50%	50%
Pontic – porcelain with noble metal	60%	50%	50%	50%
<b>Oral surgery</b>				
Removal of impacted tooth – partially bony	90%	80%	50%	80%
<b>Endodontic services</b>				
Molar root canal therapy	90%	80%	50%	80%
<b>Periodontic services</b>				
Osseous surgery – per quadrant	90%	80%	50%	80%
<b>Orthodontic services (optional)*</b>				
<b>Orthodontic lifetime maximum</b>	\$2,000	\$2,000	\$1,000	\$1,000

Refer to page 30 for footnotes.

# Dental plans

## Voluntary and contributory dental 2–100 (continued)

Plan names	CA 12A PPO 2000	CA 13A PPO Max 3000	CA 14A PPO Max 5000
	PPO 2000 100/80/50	PPO Max 100/80/50	PPO Max 100/80/50
<b>Office visit copay</b>	N/A	N/A	N/A
<b>Annual deductible per member</b> (does not apply to diagnostic & preventive services)	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum
<b>Annual maximum benefit</b>	\$2,000	\$3,000	\$5,000
<b>Diagnostic services</b>			
<b>Oral exams</b>			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
<b>X-rays</b>			
Bitewing – single film	100%	100%	100%
Complete series	100%	100%	100%
<b>Preventive services</b>			
Adult cleaning	100%	100%	100%
Child cleaning	100%	100%	100%
Sealants – per tooth	100%	100%	100%
Fluoride application – child	100%	100%	100%
Space maintainers – fixed	100%	100%	100%
<b>Basic services</b>			
Amalgam filling – 2 surfaces	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%
<b>Endodontic services</b>			
Bicuspid root canal therapy	80%	80%	80%
<b>Periodontic services</b>			
Scaling & root planing – per quadrant	80%	80%	80%
<b>Oral surgery</b>			
Extraction – exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%
<b>Major services*</b>			
Complete upper denture	50%	50%	50%
Partial upper denture (Resin base)	50%	50%	50%
Crown – porcelain with noble metal	50%	50%	50%
Pontic – porcelain with noble metal	50%	50%	50%
<b>Oral surgery</b>			
Removal of impacted tooth – partially bony	80%	80%	80%
<b>Endodontic services</b>			
Molar root canal therapy	80%	80%	80%
<b>Periodontic services</b>			
Osseous surgery – per quadrant	80%	80%	80%
<b>Orthodontic services (optional)*</b>			
<b>Orthodontic lifetime maximum</b>	\$1,500	\$2,000	\$2,000

Refer to page 30 for footnotes.

# Dental plans

## Standard and voluntary dental 2-100

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plans, program benefits, and limitations and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Plan names	NT P20 PPO Prev/ Basic 90th	NT P30 PPO 1000 90th	NT P40 PPO 1500 90th	NT P50 PPO 2000 90th	NT P60 PPO 2500 90th
	100/80/0	PPO 100/70/50	PPO 100/80/50	PPO 100/90/60	PPO 100/90/60
<b>Annual deductible per member</b> (does not apply to diagnostic & preventive services)	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum	\$50; 3X family maximum
<b>Annual maximum benefit</b>	\$1,000	\$1,000	\$1,500	\$2,000	\$2,500
<b>Diagnostic services</b>					
<b>Oral exams</b>					
Periodic oral exam	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%
<b>X-rays</b>					
Bitewing – single film	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%
<b>Preventive services</b>					
Cleaning	100%	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%	100%
Fluoride application – child	100%	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%	100%
<b>Basic services</b>					
Amalgam filling	80%	70%	80%	90%	90%
Resin filling	80%	70%	80%	90%	90%
<b>Endodontic services</b>					
Bicuspid root canal therapy	80%	70%	80%	90%	90%
<b>Molar root canal therapy</b>					
Periodontic services	80%	70%	80%	90%	90%
<b>Scaling &amp; root planing – per quadrant</b>	80%	70%	80%	90%	90%
Osseous surgery - per quadrant	80%	70%	80%	90%	90%
<b>Oral surgery</b>					
Extraction – exposed root or erupted tooth	80%	70%	80%	90%	90%
Extraction of impacted tooth – soft tissue	80%	70%	80%	90%	90%
Removal of impacted tooth - partially bony	80%	70%	80%	90%	90%
<b>Major services*</b>					
Complete upper denture	Not covered	50%	50%	60%	60%
Partial upper denture (Resin base)	Not covered	50%	50%	60%	60%
Crown – porcelain with noble metal	Not covered	50%	50%	60%	60%
Pontic – porcelain with noble metal	Not covered	50%	50%	60%	60%
<b>Orthodontic services*</b>					
<b>Orthodontic lifetime maximum</b>	Not covered	\$1,000	\$1,000	\$1,000	\$1,500

Refer to page 30 for footnotes.

# Voluntary and contributory dental plan footnotes

## Applies to 2-100

\*Coverage waiting period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any Major Service including orthodontic services. Does not apply to DMO and 10+ standard (non-voluntary) plans.

Fixed dollar amounts on the DMO in plans 1A, 1B and 5B are member responsibility.

All oral surgery, endodontic and periodontic services are covered as basic services on the PPO in plans 5B, 7A, 8A, 8B, 8C, 10A, 12A, 13A and 14A. All oral surgery, endodontic and periodontic services are covered as major services on the PPO in plan 9A.

Plans 9A, 10A, 13A and 14A; PPO Max non-preferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-network plan payments are limited by geographic area on the PPO in plans 7A and 12A to the prevailing fees at the 80th percentile and the 90th percentile in plan option 5B, 8A, 8B and 8C.

Implants are included as a major service on the PPO in plans 5B, 8B, 8C, 13A and 14A.

PPO deductible and calendar year maximum cross-apply between in network and out of network.

All plan options are available with and without orthodontic coverage for adults and dependent children.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

The list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate.

## Applies to NTP20 to NTP60 2-100

Orthodontic coverage is available to groups with 10 or more eligibles for adults and dependent children.

\*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major and Ortho Service.

Waiting period does not apply to 10+ standard plans.

NT P40, NT P50, NT P60: Coverage for implants is included as a major service.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate.

# Vision plans

## Vision preferred 2–100

Plan names	Aetna Vision <sup>SM</sup> Preferred E100	Aetna Vision <sup>SM</sup> Preferred E130	Aetna Vision <sup>SM</sup> Preferred E160	Aetna Vision <sup>SM</sup> Preferred E200
In-network benefits are reflected below. Out-of-network coverage is included, but the savings will vary from in-network chart prices. See full plan design document for details.				
<b>Exam – coverage allowed for one eye exam every rolling 12 months</b>				
<b>Routine exam with dilation as necessary</b>	\$20 copay	\$10 copay	\$10 copay	\$0 copay
<b>Standard contact lens fit/follow-up</b>	\$40 discounted fee	\$40 discounted fee	\$40 discounted fee	\$40 discounted fee
<b>Premium contact lens fit/follow-up</b>	10% off retail price	10% off retail price	10% off retail price	10% off retail price
<b>Frames – coverage allowed for one eyeglass frame every rolling 12 or 24 months (rates vary by frame frequency)</b>				
<b>Any available frame at provider location</b>	\$100 allowance*, 20% off balance over \$100	\$130 allowance*, 20% off balance over \$130	\$160 allowance*, 20% off balance over \$160	\$200 allowance*, 20% off balance over \$200
<b>Lenses – coverage allowed for one pair of prescription eyeglass lenses every rolling 12 months (in lieu of contact lenses per benefit period)</b>				
<b>Single vision lenses</b>	\$25 copay	\$25 copay	\$20 copay	\$0 copay
<b>Bifocal vision lenses</b>	\$25 copay	\$25 copay	\$20 copay	\$0 copay
<b>Trifocal vision lenses</b>	\$25 copay	\$25 copay	\$20 copay	\$0 copay
<b>Lenticular vision lenses</b>	\$25 copay	\$25 copay	\$20 copay	\$0 copay
<b>Standard progressive lenses<sup>1</sup></b>	\$90 copay	\$90 copay	\$85 copay	\$65 copay
<b>Premium progressive lenses<sup>1</sup></b>	Tier 1 = \$110 copay Tier 2 = \$120 copay Tier 3 = \$135 copay	Tier 1 = \$110 copay Tier 2 = \$120 copay Tier 3 = \$135 copay	Tier 1 = \$105 copay Tier 2 = \$115 copay Tier 3 = \$130 copay	Tier 1 = \$85 copay Tier 2 = \$95 copay Tier 3 = \$110 copay
<b>Other premium progressive lenses<sup>1</sup></b>	\$90 Copay, 20% off retail price less \$120 allowance	\$90 Copay, 20% off retail price less \$120 allowance	\$85 Copay, 20% off retail price less \$120 allowance	\$65 Copay, 20% off retail price less \$120 allowance
<b>Lens options</b>				
<b>UV treatment</b>	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee
<b>Tint (solid and gradient)</b>	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee	\$15 discounted fee
<b>Standard plastic scratch coating</b>	\$15 discounted fee	\$0 copay	\$0 copay	\$0 copay
<b>Standard polycarbonate - adult</b>	\$40 discounted fee	\$40 discounted fee	\$40 discounted fee	\$0 copay
<b>Standard polycarbonate - kids under 19</b>	\$40 discounted fee	\$0 copay	\$0 copay	\$0 copay
<b>Standard anti-reflective coating<sup>2</sup></b>	\$45 discounted fee	\$45 discounted fee	\$45 discounted fee	\$45 discounted fee
<b>Premium anti-reflective coating<sup>2</sup></b>	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price	Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price
<b>Photochromic/transitions plastic</b>	\$75 discounted fee	\$75 discounted fee	\$75 discounted fee	\$75 discounted fee
<b>Polarized and other lens add-ons</b>	20% off retail price	20% off retail price	20% off retail price	20% off retail price
<b>Contacts – coverage for one order of contact lenses every rolling 12 months (in lieu of eyeglass lenses per benefit period)</b>				
<b>Conventional lenses</b>	\$100 allowance*, 15% off balance over \$100	\$130 allowance*, 15% off balance over \$130	\$160 allowance*, 15% off balance over \$160	\$200 allowance*, 15% off balance over \$200
<b>Disposable lenses</b>	\$100 allowance*	\$130 allowance*	\$160 allowance*	\$200 allowance*
<b>Medically necessary lenses</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Refer to page 32 for footnotes.

# Vision plans

## Vision

Go practically anywhere for your eye care. With Aetna Vision Preferred, you can see any provider you want, in the network or out. Choose from over 170,000 network providers<sup>3</sup> nationwide — whether it's your trusted neighborhood eye doctor or your favorite retail store including LensCrafters®, Pearle Vision®, Target Optical®, and more. Plus, you can use your in-network benefits at several online retailers, including **Glasses.com** and **ContactsDirect.com**.

You can get an eye exam at one provider and eyewear at another, if you choose. Many of our providers offer the option to schedule an eye exam online and have glasses ready within an hour. Visit **AetnaVision.com** or download our free Aetna Vision Preferred mobile app<sup>4</sup> to find a network vision care provider closest to you.

All plans have no deductible and no waiting periods.

Not all services are covered. Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription sunglasses; two pairs of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses. Other exclusions and limitations may also apply. See plan documents for a complete description of benefits, exclusions and limitations of coverage.

Plan features and availability may vary by location and are subject to change.

Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care (“EyeMed”), LLC.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed’s requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to **Aetna.com** for more information about Aetna® plans.

\*Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

<sup>1</sup>Progressive lens copays shown are inclusive of bifocal copay. Premium progressive tier designations are based on brand. Tier designations are subject to annual review and change based on market conditions.

<sup>2</sup>Anti-reflective tier designations are based on brand. Tier designations are subject to annual review and change based on market conditions.

<sup>3</sup>Internal Aetna Vision Preferred data as of August, 2024.

<sup>4</sup>Standard text messaging and other rates from your wireless carrier may apply.



# Limitations and exclusions

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

- All medical or hospital services not specifically covered or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Adult dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except as specified in the plan
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Weight reduction programs, or dietary supplements

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's network provider is coordinating care, the network provider will obtain the precertification. Precertification requirements may vary. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

If your plan covers outpatient prescription drugs, your plan includes a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step therapy, please refer to our website at **Aetna.com**, or the Aetna Medication Formulary Guide. Aetna or its affiliate(s) receives rebates from drug manufacturers. Rebates may not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

## **You have more options with our network**

We're proud of the doctors and facilities in our network. And we're working with them to deliver more efficient health care. We have many full network and tiered network options to lower employer costs while still providing employees with access to high quality care.

Savings come from using Aetna Whole Health<sup>SM</sup> network plans with high-quality local health care providers and facilities. These plans include financial incentives that drive doctors to improve quality and control costs. And we do our part by providing timely information that helps doctors and patients make more informed health care decisions.

## **We help your employees to make wise choices**

Our cost-sharing arrangements encourage employees to become more involved in their own health care. As a result, they become better health care consumers. Employees with these plans receive more preventive care, have lower overall costs and use online tools more frequently.

Consumer-directed plans offer lower premiums with optional fund or savings accounts. These accounts can help your employees pay for their own out-of-pocket expenses, helping to reduce costs for your company. Employees who enroll in consumer-directed plans engage in more preventive care. The result is a healthier workplace, a healthier bottom line — and a healthier community.

**Let us help build a benefits plan that fits your culture and budget. To get started, call your Aetna representative or broker today.**

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. 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. 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.

