



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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most, plus you may be balance billed)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit, deductible doesn't apply	Not covered	None
	<u>Specialist</u> visit	\$60 <u>copay</u> /visit, deductible doesn't apply	Not covered	None
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	25% <u>coinsurance</u>	Not covered	None
	Imaging (CT/PET scans, MRIs)	25% <u>coinsurance</u>	Not covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.aetnafeds.com/pharmacy	Preferred generic drugs	<u>Copay</u> /prescription, deductible doesn't apply: \$12 (retail), \$36 (mail order)	Not covered	Covers 30-day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives from preferred pharmacy. Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. Your cost will be higher for choosing Brand over Generics.
	Preferred brand drugs	<u>Copay</u> /prescription, deductible doesn't apply: \$50 (retail), \$150 (mail order)	Not covered	
	Non-preferred generic/brand drugs	<u>Copay</u> / prescription, deductible doesn't apply: \$75 (retail), \$225 (mail order)	Not covered	
	<u>Specialty drugs</u>	20% <u>coinsurance</u> up to maximum/ prescription, deductible doesn't apply: \$200 (formulary), \$500 (non-formulary)	Not covered	All fills must be through the Aetna Specialty Pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	25% <u>coinsurance</u>	Not covered	None

Proprietary

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-537-9384.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-537-9384.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-537-9384.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-537-9384.]

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

