



Health care made simple

At Aetna® and CVS Health®, we take care of the whole you. This means you'll get connected, convenient and affordable health care wherever — and whenever — you need it.

With customized health benefits plans, robust provider and pharmacy networks, support programs, special discounts and so much more, you can relax knowing you'll have the tools and resources you need to live healthy. And no matter where you are on your path to better health, count on us to be right there to help you be your best.

If you have questions, call us at **800-962-6842 (TTY: 711)** for medical plans.

To-dos before you choose



Use our provider search tool

Our network represents about two-thirds of doctors and three-fourths of acute care hospitals nationwide. So you're sure to find the providers you need.



Estimate your health care costs

Use our cost comparison tool to estimate total out-of-pocket costs, including your premium, copays and annual deductible.



Get to know each plan

Review your benefits enrollment site to see which plan is right for you.



Review the extras

See how the plan perks can add up to better care, more choices and lower costs, too.

Paying for care

An overview of terms

PROCESSING



Claims

Claims are requests for your plan to pay for services you receive. We use these to check what your plan will cover and the amount we'll pay. You can find updated status and amounts billed for your claim on your member website or the Aetna HealthSM app.



Provider bills

Bills show the amount you actually owe for services. You'll get this from your provider. You can make payments for what you owe directly to your provider or through the "Pay Your Provider" link on each of your claims.



Explanation of Benefits (EOB) statements

An Explanation of Benefits, or EOB, statement shows a breakdown of how we process your claims. It is not a bill and may not show the current balance you owe. Anytime something changes with your claim, you'll get a new statement.



Coordination of benefits

Some members have health coverage under more than one health plan. When this happens, we work with the other carriers to decide which plan pays first and which plan pays second, based on the rules in your plan documents. We call this process "coordination of benefits," or COB.

YOU PAY



Deductible

Each year, you pay 100% of your covered expenses until you meet your deductible amount.

For most plans, eligible preventive care is covered at 100% with no deductible when you use network providers.

YOU + THE PLAN PAY



Cost sharing

Once you meet your deductible, you share the cost with the plan. Your share may be in the form of coinsurance and/or copayments (also called copays).

Coinsurance

A fixed percentage. For example, if your care is \$100 and your coinsurance is 20%, you pay \$20.

Copay

A fixed dollar amount. For example, you may pay \$25 per doctor office visit.

THE PLAN PAYS



Out-of-pocket maximum

The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the year.



In network vs. out of network

In network



This network option may **cost you less.**

Highlights

Network providers contract with us to offer rates that are often lower than their regular fees. So choosing a network provider may help you save money. Your network provider also works directly with us. They'll send us claims for services you receive. Don't worry — this is all behind-the-scenes work when you choose network providers.

Visit **Aetna.com** to find a network provider.

How it works

Your doctor files your claim and the plan pays them any amount it owes based on the negotiated rate. You pay any of the remaining costs.

Benefits

- ✓ Lower out-of-pocket costs
- ✓ No balance billing
- ✓ Less paperwork

Out of network



This network option may **cost you more.**

Highlights

Your plan may allow you to visit an out-of-network provider. To find out details like this, check your Summary of Benefits and Coverage document.

How it works

Out-of-network doctors and hospitals don't contract with us. So that means:

- They normally charge more for their services
- You might have to pay the difference between what your plan pays for services and the amount they charge

They also don't work with us like network providers do. And they generally don't send us claims or get approval for coverage when needed. So you may need to handle these details on your own.



Plans

Choosing a plan that's right for you and your family is so important. That's why we offer affordable options to meet your unique needs. And we'll be right there to help you find the perfect fit.

Staying in-network to help lower costs

When you go for care, keep in mind that staying in network has special perks. You may have lower out-of-pocket costs, because these providers have agreed to accept our contracted rate for services. Plus, they'll file claims for you, so you don't have to worry about any extra work.

Know what to expect with out-of-network care

Some plans may have out-of-network benefits, too. Just know you may have higher out-of-pocket costs. Plus, you may have to file your own claims and/or get pre-approval for some services.

Emergency care is always covered

In case of an emergency, we'll cover care both in and out of network. So whatever plan you choose, know you can count on us to help you make the most of it.



Aetna Choice® POS II health benefits and insurance plan

So many options for the doctors you need

You don't have to choose a primary care physician (PCP)* with this plan. But selecting a PCP is still important because they do more than give you a checkup. They:

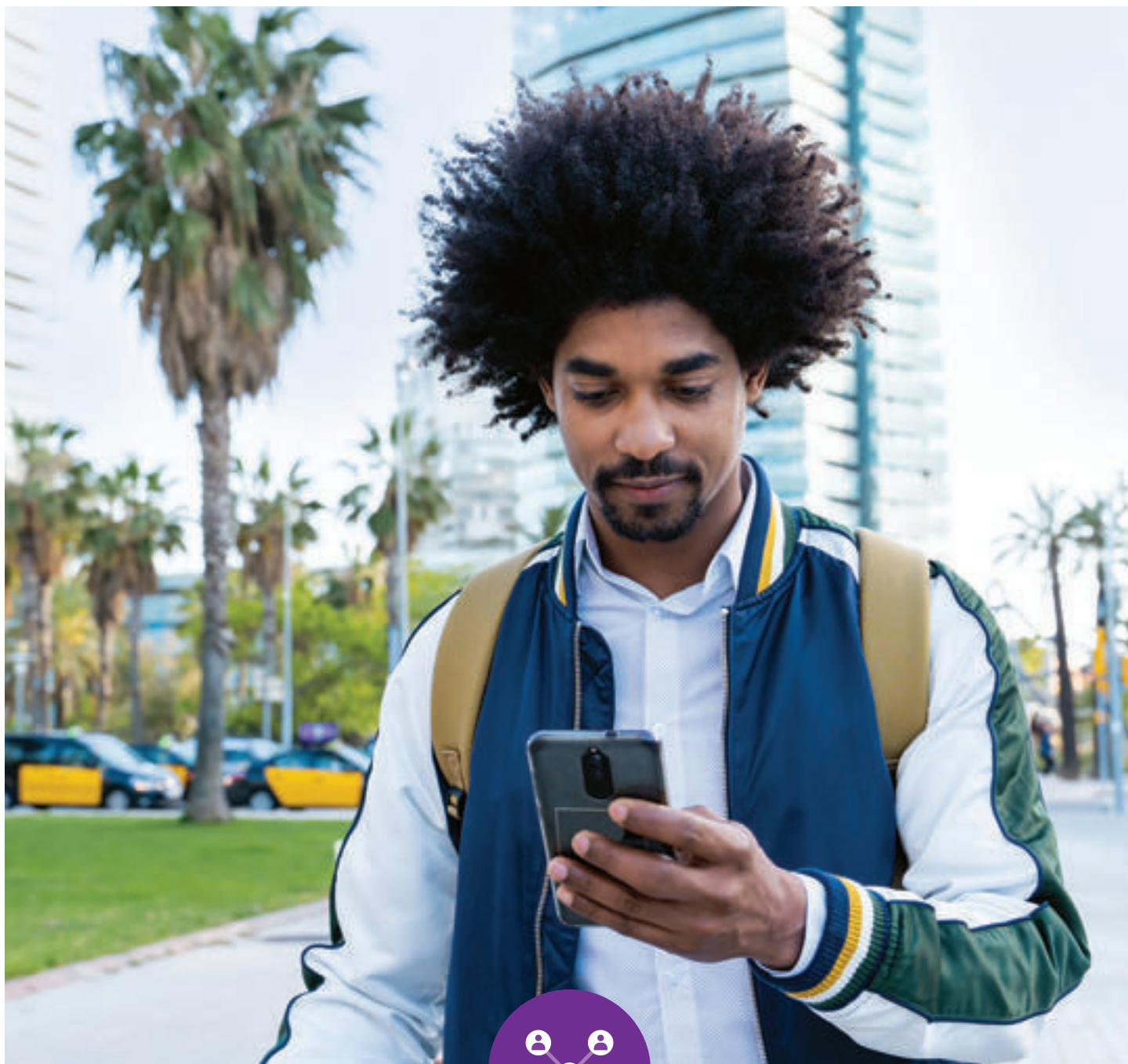
- Get to know you and your medical history
- Guide you on important health decisions and direct your care
- File claims for you

Plus, you may pay less out of pocket for their care.

Keep in mind — you don't need a referral to see any network doctor. And you can visit any licensed doctor out of our network. But if you go out of network, you may have to file your own claims and pay more out of pocket.

This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call the number on your ID card; all others, call 1-888-98-AETNA (1-888-982-3862) (TTY: 711).

*In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider.



Our network

When you need to find the right care, it's always reassuring to know you have choices. Our vast network includes primary care doctors and specialists, hospitals and other health care providers.

And it's never been easier to connect with care. Just use our provider search tool on your member website or use the Aetna HealthSM app when you're on the go.



Our network

Online directory

Find network doctors, right at your fingertips

Need a doctor? Simply search by specialty and location in our online directory. You'll also find maps, directions and more. You can also look for doctors who speak different languages. Just visit **Aetna.com** and select "Find a doctor" to get started.

MinuteClinic® and CVS® HealthHUB™

Access MinuteClinic and CVS HealthHUB services at a low cost to you

Get access to convenient, local care at a MinuteClinic location at no or a low cost to you, including care for:

- Allergies
- Ear infections
- Flu-like symptoms
- Bug bites, stings and more

MinuteClinic providers can also administer vaccines and write prescriptions, when medically appropriate.

In addition to standard MinuteClinic locations found inside select CVS Pharmacy® and Target stores, we are excited to let you know about a new, innovative health care resource available to you: CVS® HealthHUB™. CVS HealthHUB locations offer expanded MinuteClinic services, one-on-one guidance, and resources for people to manage their health — with a focus on chronic conditions.

What's more? You can access the expanded MinuteClinic services — including care for certain chronic conditions* — at CVS HealthHUB locations at no or low cost to you.**

For your best health, we encourage you to have a relationship with a primary care physician or other doctor. Tell them about your visit to MinuteClinic, or MinuteClinic can send a summary of your visit directly to them.

* MinuteClinic currently provides treatment services for the following chronic conditions: diabetes, hypertension, hyperlipidemia,

hypothyroidism, and sleep apnea.

** Applies only to covered services at MinuteClinic. This information does not apply to members enrolled in qualified high-deductible health plans: such members must meet their deductible. However, such services would be subject to negotiated contract rates. Once the deductible has been met, such members will be able to access MinuteClinic® services at no cost-share. Members in indemnity plans are not eligible for this benefit. Such members should refer to their benefit plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit **MinuteClinic.com** for age and service restrictions. Aetna® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies. Aetna is not responsible for services received at MinuteClinic locations.

Participating urgent care centers

Say goodbye to emergency room visits and hello to savings

If you have an urgent but not life-threatening medical issue, think about going to an urgent care center, walk-in clinic or MinuteClinic® location.* These centers can treat sprains, the flu, minor cuts and more.

There are over 8,000 participating locations.^{1**} Many are open seven days a week, with no appointments needed. You'll typically pay less — and cut your waiting time, too. Look up the nearest urgent care center or walk-in clinic on Aetna.com. Select "Find a doctor" to use our directory. Or use the mobile app.^{***}

*Member responsibility may vary based on plan design; for some plans, copays apply. Emergency room (ER) copays are typically higher than walk-in clinic copays.

** Includes urgent care centers, walk-in clinics and MinuteClinic and HealthHUB locations.

***Standard text messaging and other rates from your wireless carrier may apply

Participating retail walk-in clinics

Easy access, with no appointments needed

When you're a "little bit" sick and it's after office hours, try a retail clinic. Visit one for minor illnesses like strep throat, injuries like a sprain and even vaccines.

You'll enjoy:

- Convenient hours, with
- some open seven days a week with night and

¹ Participating locations data accessed June 2021. For illustrative purposes only.



Our network

weekend hours

- Lower prices, such as an average of \$81 per clinic visit compared to \$750 to \$1,000 average emergency room (ER) price*¹

We have many stand-alone and store-based clinics nationwide. Find them in our online directory at **Aetna.com** — just select “Find a doctor.”

*Member responsibility may vary based on plan design; for some plans, copays apply. ER copays are typically higher than walk-in clinic copays

¹ Participating locations data accessed June 2021. For illustrative purposes only.



In-network care

Who pays for what



Visit your doctor and show your ID card.



There's no need to pay at your visit unless you have a copay.

(Out of network, you may need to pay the full amount at your visit.)



Your doctor files your claim.
(Out of network, you file your own claims.)

THE PLAN
PAYS



The plan pays your doctor any amount it owes based on the negotiated rate.

(Out of network, the plan pays you back what it owes, up to the "reasonable and customary" limit.)



Your doctor bills you for any amount you owe.