California toolkit

Plans effective January 1, 2025

For businesses with 1–100 full-time equivalents

Updated as of 09/18/24

Aetna.com

3809701-01-01-CA A (09/24)

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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.

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.

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
Mariposa	10	Y	–	–	–	–
Merced	10	Y	–	Y	–	–
San Joaquin	10	Y	–	P	P	–
Stanislaus	10	Y	–	Y	Y	–
Tulare	10	Y	–	P	–	–
Fresno	11	Y	Y	P	–	–
Kings	11	Y	–	Y	–	–
Madera	11	Y	–	P	–	–
San Luis Obispo	12	Y	–	Y	–	Y
Santa Barbara	12	Y	–	Y	–	Y
Ventura	12	Y	Y	Y	Y	P
Imperial	13	Y	–	–	–	–
Inyo	13	–	–	–	–	–
Mono	13	Y	–	–	–	–
Kern	14	Y	–	Y	P	P
Los Angeles (906–912, 915, 917, 918, and 935)	15	Y	Y	Y	P	Y
Los Angeles (all other)	16	Y	Y	Y	P	Y
Riverside/San Bernardino	17	Y	P	P	P	P
Orange	18	Y	Y	Y	Y	Y
San Diego	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 6550 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 5800M	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 3300 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 6650 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 3300 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 6650 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 AWH SoCA $20/30 0 M	CA Platinum HMO $20/40 0 CA Platinum HMO AVN $20/40 0 CA Platinum HMO AWH SoCA $20/40 0
	In network	**In network**
Deductible (Individual/Family)	$0/$0	$0/$0
Out-of-pocket limit (Individual/Family)	$4,500/$9,000	$3,500/$7,000
Coinsurance	10%	10%
Primary care office visit	$20	$20
Specialist office visit	$30	$40
Mental health/chemical dependency office visits	$20	$20
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$20	Covered in full DW/$20
Lab / X-ray	$20 /$30	$20 /$20
Imaging CT/PET scans / MRIs	$100	$100
Inpatient hospital	$250/d, days 1-5	$350/d, days 1-3
Outpatient surgery	$100	$100
Emergency room	$150	$250
Ambulance	$150	$250
Urgent care	$20	$40
Home health care services	$20	$40
Durable medical equipment	10%	10%
Rehabilitation services (PT/OT/ST)	$20	$40
Chiropractic†	Not Covered	$20
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0%	0%
Pediatric dental basic††	20%	30%
Pediatric dental major††	50%	50%
Pediatric dental ortho††	50%	50%
Pediatric vision exam††	0%	0%
Pediatric vision hardware††	0%	0%
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	None	None
Pharmacy Preferred generic	$5	$5
Pharmacy Preferred brand / Non-preferred brand	$20 /$30	$20 /$50
Pharmacy 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 wINF in the plan name – see plan documents for details.

Medical plans

HMO (continued)

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

Medical plans

HMO (continued)

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

Medical plans

HMO (continued)

Plan names	CA Gold HMO AVN $35/55 250 M CA Gold HMO AWH SoCA $35/55 250 M	CA Silver HMO $50/70 0 CA Silver HMO AVN $50/70 0 CA Silver HMO AWH SoCA $50/70 0
	In network	**In network**
Deductible (Individual/Family)	$250/$500	$0/$0
Out-of-pocket limit (Individual/Family)	$7,800/$15,600	$8,700/$17,400
Coinsurance	0%	50%
Primary care office visit	$35 DW	$50
Specialist office visit	$55 DW	$70
Mental health/chemical dependency office visits	$35 DW	$50
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$35 DW	Covered in full DW/$50
Lab / X-ray	$35 DW/$55 DW	$70 /$70
Imaging CT/PET scans / MRIs	$250 AD	50%
Inpatient hospital	$600/d, days 1-5 AD	50%
Outpatient surgery	$300 AD	Freestanding facility 50% / Hospital 50%
Emergency room	$250 AD	50%
Ambulance	$250 AD	50%
Urgent care	$35 DW	$70
Home health care services	$35 DW	50%
Durable medical equipment	20% DW	50%
Rehabilitation services (PT/OT/ST)	$35 DW	$70
Chiropractic†	Not Covered	$35
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% DW	0%
Pediatric dental basic††	20% DW	30%
Pediatric dental major††	50% DW	50%
Pediatric dental ortho††	50% DW	50%
Pediatric vision exam††	0% DW	0%
Pediatric vision hardware††	0% DW	0%
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	None	$750/$1,500
Pharmacy Preferred generic	$15	$25 DW
Pharmacy Preferred brand / Non-preferred brand	$40 /$70	50% up to $250 AD/50% up to $250 AD
Pharmacy 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 AWH SoCA $55/90 2500 M	CA Silver HMO $60/100 2500 CA Silver HMO AVN $60/100 2500 CA Silver HMO AWH SoCA $60/100 2500
	In network	**In network**
Deductible (Individual/Family)	$2,500/$5,000	$2,500/$5,000
Out-of-pocket limit (Individual/Family)	$8,750/$17,500	$9,100/$18,200
Coinsurance	35%	40%
Primary care office visit	$55 DW	$60 DW
Specialist office visit	$90 DW	$100 DW
Mental health/chemical dependency office visits	$55 DW	$60 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$55 DW	Covered in full DW/$60 DW
Lab / X-ray	$55 DW/$90 DW	$60 DW/$100 DW
Imaging CT/PET scans / MRIs	$300 AD	$350 DW
Inpatient hospital	35% AD	40% AD
Outpatient surgery	35% AD	Freestanding facility 40% AD/ Hospital 40% AD
Emergency room	35% AD	40% AD
Ambulance	35% AD	40% AD
Urgent care	$55 DW	$100 DW
Home health care services	$45 DW	40% AD
Durable medical equipment	35% DW	40% AD
Rehabilitation services (PT/OT/ST)	$55 DW	$100 DW
Chiropractic†	Not Covered	$35 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% DW	0% AD
Pediatric dental basic††	20% DW	30% AD
Pediatric dental major††	50% DW	50% AD
Pediatric dental ortho††	50% DW	50% AD
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	$300/$600	$50/$100
Pharmacy Preferred generic	$19 DW	$20 DW
Pharmacy Preferred brand / Non-preferred brand	$85 AD/$110 AD	$80 AD/$100 AD
Pharmacy 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

HMO (continued)

Plan names	CA Bronze HMO $60/95 5800 M	CA Bronze HMO $75/125 8550
	In network	**In network**
Deductible (Individual/Family)	$5,800/$11,600	$8,550/$17,100
Out-of-pocket limit (Individual/Family)	$8,850/$17,700	$8,550/$17,100
Coinsurance	40%	0%
Primary care office visit	$60 DW	$75 DW
Specialist office visit	$95 DW/visits 1-3, $95 AD/visits 4+	$125 DW
Mental health/chemical dependency office visits	$60 DW	$75 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	$0 DW/$60 DW	Covered in full DW/$75 DW
Lab / X-ray	$40 DW/40% AD	$125 DW/$125 DW
Imaging CT/PET scans / MRIs	40% AD	$400 DW
Inpatient hospital	40% AD	0% AD
Outpatient surgery	40% AD	0% AD
Emergency room	40% AD	0% AD
Ambulance	40% AD	0% AD
Urgent care	$60 DW	$125 DW
Home health care services	40% AD	0% AD
Durable medical equipment	40% AD	0% AD
Rehabilitation services (PT/OT/ST)	$60 DW	$125 DW
Chiropractic†	Not Covered	$35 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% DW	0% AD
Pediatric dental basic††	20% DW	0% AD
Pediatric dental major††	50% DW	0% AD
Pediatric dental ortho††	50% DW	0% AD
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	$450/$900	None
Pharmacy Preferred generic	$19 AD	$35 DW
Pharmacy Preferred brand / Non-preferred brand	40% up to $500 AD/40% up to $500 AD	0% AD/0% AD
Pharmacy 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 wINF 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 Savings Plus 90/50 0 M	CA Platinum MC 80/50 250 CA Platinum MC Savings Plus 80/50 250
	In network	**In network**
Deductible (Individual/Family)	$0/$0	$250/$500
Out-of-pocket limit (Individual/Family)	$4,500/$9,000	$4,500/$9,000
Coinsurance	10%	20%
Primary care office visit	$15	$15 DW
Specialist office visit	$30	$30 DW
Mental health/chemical dependency office visits	$15	$15 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$15	Covered in full DW/$15 DW
Lab / X-ray	$15 /$30	20% AD/20% AD
Imaging CT/PET scans / MRIs	10%	20% AD
Inpatient hospital	10%	20% AD
Outpatient surgery	10%	20% AD
Emergency room	$200	$200+20% AD
Ambulance	$150	$200+20% AD
Urgent care	$15	$30 DW
Home health care services	10%	20% AD
Durable medical equipment	10%	20% AD
Rehabilitation services (PT/OT/ST)	$15	$30 DW
Chiropractic†	Not Covered	$30 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0%	0% AD
Pediatric dental basic††	20%	30% AD
Pediatric dental major††	50%	50% AD
Pediatric dental ortho††	50%	50% AD
Pediatric vision exam††	0%	0% DW
Pediatric vision hardware††	0%	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	None	None
Pharmacy Preferred generic	$10	$5
Pharmacy Preferred brand / Non-preferred brand	$25 /$40	$35 /$80
Pharmacy 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 wINF 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 Savings Plus 80/50 350 M	CA Gold MC 75/50 500 CA Gold MC Savings Plus 75/50 500
	In network	**In network**
Deductible (Individual/Family)	$350/$700	$500/$1,000
Out-of-pocket limit (Individual/Family)	$7,800/$15,600	$8,500/$17,000
Coinsurance	20%	25%
Primary care office visit	$25 DW	$20 DW
Specialist office visit	$50 DW	$50 DW
Mental health/chemical dependency office visits	$25 DW	$20 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$25 DW	Covered in full DW/$20 DW
Lab / X-ray	$25 DW/$65 DW	$50 DW/25% DW
Imaging CT/PET scans / MRIs	20% DW	25% AD
Inpatient hospital	20% AD	25% AD
Outpatient surgery	20% DW	25% AD
Emergency room	20% AD	25% AD
Ambulance	20% AD	25% AD
Urgent care	$25 DW	$50 DW
Home health care services	20% DW	25% AD
Durable medical equipment	20% DW	25% AD
Rehabilitation services (PT/OT/ST)	$25 DW	$50 DW
Chiropractic†	Not Covered	$50 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% DW	0% AD
Pediatric dental basic††	20% DW	30% AD
Pediatric dental major††	50% DW	50% AD
Pediatric dental ortho††	50% DW	50% AD
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	None	$300/$600
Pharmacy Preferred generic	$15	$15 DW
Pharmacy Preferred brand / Non-preferred brand	$50 /$80	$55 AD/$80 AD
Pharmacy 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 wINF 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 Savings Plus 70/50 1250	CA Gold MC 80/50 1500 CA Gold MC Savings Plus 80/50 1500
	In network	**In network**
Deductible (Individual/Family)	$1,250/$2,500	$1,500/$3,000
Out-of-pocket limit (Individual/Family)	$7,500/$15,000	$7,900/$15,800
Coinsurance	30%	20%
Primary care office visit	$20 DW	$25 DW
Specialist office visit	$50 DW	$45 DW
Mental health/chemical dependency office visits	$20 DW	$25 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$20 DW	Covered in full DW/$25 DW
Lab / X-ray	$20 DW/30% AD	20% AD/20% AD
Imaging CT/PET scans / MRIs	30% AD	20% AD
Inpatient hospital	30% AD	20% AD
Outpatient surgery	30% AD	20% AD
Emergency room	$250 DW	20% AD
Ambulance	$250 DW	20% AD
Urgent care	$50 DW	$45 DW
Home health care services	30% AD	20% AD
Durable medical equipment	30% AD	20% AD
Rehabilitation services (PT/OT/ST)	$50 DW	$45 DW
Chiropractic†	$50 DW	$45 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% AD	0% AD
Pediatric dental basic††	30% AD	30% AD
Pediatric dental major††	50% AD	50% AD
Pediatric dental ortho††	50% AD	50% AD
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	$300/$600	$300/$600
Pharmacy Preferred generic	$15 DW	$15 DW
Pharmacy Preferred brand / Non-preferred brand	$55 AD/$80 AD	$55 AD/$80 AD
Pharmacy 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 wINF 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 Gold MC Savings Plus 90/50 3300 HSA	CA Silver MC 60/50 2100 CA Silver MC Savings Plus 60/50 2100
	In network	**In network**
Deductible (Individual/Family)	$3,300/$6,600	$2,100/$4,200
Out-of-pocket limit (Individual/Family)	$4,200/$8,400	$9,100/$18,200
Coinsurance	10%	40%
Primary care office visit	10% AD	$45 DW
Specialist office visit	10% AD	$75 DW
Mental health/chemical dependency office visits	10% AD	$45 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full AD/10% AD	Covered in full DW/$45 DW
Lab / X-ray	10% AD/10% AD	$55 DW/40% AD
Imaging CT/PET scans / MRIs	10% AD	40% AD
Inpatient hospital	10% AD	40% AD
Outpatient surgery	10% AD	40% AD
Emergency room	10% AD	40% AD
Ambulance	10% AD	40% AD
Urgent care	10% AD	$75 DW
Home health care services	10% AD	40% AD
Durable medical equipment	10% AD	40% AD
Rehabilitation services (PT/OT/ST)	10% AD	$75 DW
Chiropractic†	10% AD	$75 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% AD	0% AD
Pediatric dental basic††	30% AD	30% AD
Pediatric dental major††	50% AD	50% AD
Pediatric dental ortho††	50% AD	50% AD
Pediatric vision exam††	0% AD	0% DW
Pediatric vision hardware††	0% AD	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	None	$300/$600
Pharmacy Preferred generic	10% up to $250 AD	$20 DW
Pharmacy Preferred brand / Non-preferred brand	10% up to $250 AD/10% up to $250 AD	$80 AD/$120 AD
Pharmacy 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 wINF 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 Savings Plus 65/50 2500 M	CA Silver MC 65/50 2600 CA Silver MC Savings Plus 65/50 2600
	In network	**In network**
Deductible (Individual/Family)	$2,500/$5,000	$2,600/$5,200
Out-of-pocket limit (Individual/Family)	$8,600/$17,200	$9,000/$18,000
Coinsurance	35%	35%
Primary care office visit	$55 DW	$50 DW
Specialist office visit	$90 DW	$90 DW
Mental health/chemical dependency office visits	$55 DW	$50 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$55 DW	Covered in full DW/$50 DW
Lab / X-ray	$55 DW/$90 DW	$50 DW/$90 DW
Imaging CT/PET scans / MRIs	35% AD	35% AD
Inpatient hospital	35% AD	35% AD
Outpatient surgery	35% AD	35% AD
Emergency room	35% AD	$250+35% AD
Ambulance	35% AD	$250+35% AD
Urgent care	$55 DW	$90 DW
Home health care services	35% DW	35% AD
Durable medical equipment	35% DW	35% AD
Rehabilitation services (PT/OT/ST)	$55 DW	$90 DW
Chiropractic†	Not Covered	$90 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% DW	0% AD
Pediatric dental basic††	20% DW	30% AD
Pediatric dental major††	50% DW	50% AD
Pediatric dental ortho††	50% DW	50% AD
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	$300/$600	$100/$200
Pharmacy Preferred generic	$20 DW	$15 DW
Pharmacy Preferred brand / Non-preferred brand	$75 AD/$105 AD	$70 AD/$120 AD
Pharmacy 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 Savings Plus 50/50 8300	CA Bronze MC 100 6650 HSA M CA Bronze MC Savings Plus 100 6650 HSA M
	In network	**In network**
Deductible (Individual/Family)	$8,300/$16,600	$6,650/$13,300
Out-of-pocket limit (Individual/Family)	$8,900/$17,800	$6,650/$13,300
Coinsurance	50%	0%
Primary care office visit	$85 DW/visit 1, $0 AD visits 2+	0% AD
Specialist office visit	$95 AD	0% AD
Mental health/chemical dependency office visits	$85 AD	0% AD
Walk-in clinics* (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
Lab / X-ray	$85 DW/50% AD	0% AD/0% AD
Imaging CT/PET scans / MRIs	50% AD	0% AD
Inpatient hospital	50% AD	0% AD
Outpatient surgery	50% AD	0% AD
Emergency room	50% AD	0% AD
Ambulance	50% AD	0% AD
Urgent care	$95 DW	0% AD
Home health care services	50% AD	0% AD
Durable medical equipment	50% AD	0% AD
Rehabilitation services (PT/OT/ST)	$95 AD	0% AD
Chiropractic†	$95 AD	Not Covered
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% AD	0% DW
Pediatric dental basic††	30% AD	20% DW
Pediatric dental major††	50% AD	50% DW
Pediatric dental ortho††	50% AD	50% DW
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	None	None
Pharmacy Preferred generic	$30 DW	0% AD
Pharmacy Preferred brand / Non-preferred brand	$100 AD/$150 AD	0% AD/0% AD
Pharmacy 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 wINF 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
Deductible (Individual/Family)	$1,000/$2,000	$2,100/$4,200
Out-of-pocket limit (Individual/Family)	$7,000/$14,000	$9,100/$18,200
Coinsurance	20%	40%
Primary care office visit	$20 DW	$45 DW
Specialist office visit	$50 DW	$75 DW
Mental health/chemical dependency office visits	$20 DW	$45 DW
Walk-in clinics* (Designated walk-in clinics / All other network providers)	Covered in full DW/$20 DW	Covered in full DW/$45 DW
Lab / X-ray	$20 DW/20% DW	$55 DW/40% AD
Imaging CT/PET scans / MRIs	20% AD	40% AD
Inpatient hospital	20% AD	40% AD
Outpatient surgery	20% AD	40% AD
Emergency room	20% AD	40% AD
Ambulance	20% AD	40% AD
Urgent care	$50 DW	$75 DW
Home health care services	20% AD	40% AD
Durable medical equipment	20% AD	40% AD
Rehabilitation services (PT/OT/ST)	$50 DW	$75 DW
Chiropractic†	$50 DW	$75 DW
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% AD	0% AD
Pediatric dental basic††	30% AD	30% AD
Pediatric dental major††	50% AD	50% AD
Pediatric dental ortho††	50% AD	50% AD
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	$300/$600	$300/$600
Pharmacy Preferred generic	$15 DW	$20 DW
Pharmacy Preferred brand / Non-preferred brand	$55 AD/$80 AD	$80 AD/$120 AD
Pharmacy 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 wINF 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**
Deductible (Individual/Family)	$5,500/$11,000	$8,300/$16,600
Out-of-pocket limit (Individual/Family)	$9,100/$18,200	$8,900/$17,800
Coinsurance	45%	50%
Primary care office visit	$70 DW	$85 DW/visit 1, $0 AD visits 2+
Specialist office visit	$80 DW	$95 AD
Mental health/chemical dependency office visits	$70 DW	$85 AD
Walk-in clinics* (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+
Lab / X-ray	$70 DW/$80 AD	$85 DW/50% AD
Imaging CT/PET scans / MRIs	45% AD	50% AD
Inpatient hospital	45% AD	50% AD
Outpatient surgery	45% AD	50% AD
Emergency room	45% AD	50% AD
Ambulance	45% AD	50% AD
Urgent care	$100 DW	$95 DW
Home health care services	45% AD	50% AD
Durable medical equipment	45% AD	50% AD
Rehabilitation services (PT/OT/ST)	45% AD	$95 AD
Chiropractic†	$35 DW	$95 AD
Other benefits	In network	In network
Pediatric dental check-up (preventive/diagnostic)††	0% AD	0% AD
Pediatric dental basic††	30% AD	30% AD
Pediatric dental major††	50% AD	50% AD
Pediatric dental ortho††	50% AD	50% AD
Pediatric vision exam††	0% DW	0% DW
Pediatric vision hardware††	0% DW	0% DW
Pharmacy**	In network	In network
Pharmacy deductible (Individual/Family)	None	None
Pharmacy Preferred generic	$20 DW	$30 DW
Pharmacy Preferred brand / Non-preferred brand	$80 AD/$100 AD	$100 AD/$150 AD
Pharmacy 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 wINF 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**. 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** 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 DMO Copay 58	CA 1B DMO Copay 56	CA 5B FOC Active PPO 90th 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
Office visit copay	$5	None	None	N/A	N/A
Annual deductible per member (does not apply to diagnostic & preventive services)	None	None	None	$50; 3X family maximum	$50; 3X family maximum
Annual maximum benefit	Unlimited	Unlimited	Unlimited	$2,000	$2,000
Diagnostic services					
Oral exams					
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%
X-rays					
Bitewing – single film	No charge	No charge	No charge	100%	100%
Complete series	No charge	No charge	No charge	100%	100%
Preventive services					
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%
Basic services					
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%
Endodontic services					
Bicuspid root canal therapy	$85	No charge	No charge	90%	80%
Periodontic services					
Scaling & root planing – per quadrant	$55	$25	$35	90%	80%
Oral surgery					
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%
Major services*					
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%
Oral surgery					
Removal of impacted tooth – partially bony	$58	$45	$45	90%	80%
Endodontic services					
Molar root canal therapy	$240	$125	$146	90%	80%
Periodontic services					
Osseous surgery – per quadrant	$300	$140	$140	90%	80%
Orthodontic services (optional)*	$2,300 copay	$2,000 copay	$2,300 copay	50%	50%
Orthodontic lifetime maximum	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
Office visit copay	N/A	N/A	N/A	N/A	N/A	N/A
Annual deductible per member (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
Annual maximum benefit	$1,500	$1,000	$2,000	$1,500	$2,000	$2,000
Diagnostic services						
Oral exams						
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%
X-rays						
Bitewing – single film	100%	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%	100%
Preventive services						
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%
Basic services						
Amalgam filling – 2 surfaces	90%	80%	90%	80%	90%	80%
Resin filling – 2 surfaces, anterior	90%	80%	90%	80%	90%	80%
Endodontic services						
Bicuspid root canal therapy	90%	80%	90%	80%	90%	80%
Periodontic services						
Scaling & root planing – per quadrant	90%	80%	90%	80%	90%	80%
Oral surgery						
Extraction – exposed root or erupted tooth	90%	80%	90%	80%	90%	80%
Extraction of impacted tooth – soft tissue	90%	80%	90%	80%	90%	80%
Major services*						
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%
Oral surgery						
Removal of impacted tooth – partially bony	90%	80%	90%	80%	90%	80%
Endodontic services						
Molar root canal therapy	90%	80%	90%	80%	90%	80%
Periodontic services						
Osseous surgery – per quadrant	90%	80%	90%	80%	90%	80%
Orthodontic services (optional)*	50%	50%	50%	50%	50%	50%
Orthodontic lifetime maximum	$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
Office visit copay	N/A	N/A	N/A	N/A
Annual deductible per member (does not apply to diagnostic & preventive services)	$50; 3X family maximum	$50; 3X family maximum	$50; 3X family maximum	$50; 3X family maximum
Annual maximum benefit	$2,500	$2,500	$1,000	$1,500
Diagnostic services				
Oral exams				
Periodic oral exam	100%	100%	80%	100%
Comprehensive oral exam	100%	100%	80%	100%
Problem-focused oral exam	100%	100%	80%	100%
X-rays				
Bitewing – single film	100%	100%	80%	100%
Complete series	100%	100%	80%	100%
Preventive services				
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%
Basic services				
Amalgam filling – 2 surfaces	90%	80%	80%	80%
Resin filling – 2 surfaces, anterior	90%	80%	80%	80%
Endodontic services				
Bicuspid root canal therapy	90%	80%	50%	80%
Periodontic services				
Scaling & root planing – per quadrant	90%	80%	50%	80%
Oral surgery				
Extraction – exposed root or erupted tooth	90%	80%	50%	80%
Extraction of impacted tooth – soft tissue	90%	80%	50%	80%
Major services*				
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%
Oral surgery				
Removal of impacted tooth – partially bony	90%	80%	50%	80%
Endodontic services				
Molar root canal therapy	90%	80%	50%	80%
Periodontic services				
Osseous surgery – per quadrant	90%	80%	50%	80%
Orthodontic services (optional)*	50%	50%	50%	50%
Orthodontic lifetime maximum	$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
Office visit copay	N/A	N/A	N/A
Annual deductible per member (does not apply to diagnostic & preventive services)	$50; 3X family maximum	$50; 3X family maximum	$50; 3X family maximum
Annual maximum benefit	$2,000	$3,000	$5,000
Diagnostic services			
Oral exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing – single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive services			
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%
Basic services			
Amalgam filling – 2 surfaces	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%
Endodontic services			
Bicuspid root canal therapy	80%	80%	80%
Periodontic services			
Scaling & root planing – per quadrant	80%	80%	80%
Oral surgery			
Extraction – exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%
Major services*			
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%
Oral surgery			
Removal of impacted tooth – partially bony	80%	80%	80%
Endodontic services			
Molar root canal therapy	80%	80%	80%
Periodontic services			
Osseous surgery – per quadrant	80%	80%	80%
Orthodontic services (optional)*	50%	50%	50%
Orthodontic lifetime maximum	$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
Annual deductible per member (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
Annual maximum benefit	$1,000	$1,000	$1,500	$2,000	$2,500
Diagnostic services					
Oral exams					
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%
X-rays					
Bitewing – single film	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%
Preventive services					
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%
Basic services					
Amalgam filling	80%	70%	80%	90%	90%
Resin filling	80%	70%	80%	90%	90%
Endodontic services					
Bicuspid root canal therapy	80%	70%	80%	90%	90%
Molar root canal therapy	80%	70%	80%	90%	90%
Periodontic services					
Scaling & root planing – per quadrant	80%	70%	80%	90%	90%
Osseous surgery - per quadrant	80%	70%	80%	90%	90%
Oral surgery					
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%
Major services*					
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%
Orthodontic services*	Not covered	50%	50%	60%	60%
Orthodontic lifetime maximum	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℠ Preferred E100	Aetna Vision℠ Preferred E130	Aetna Vision℠ Preferred E160	Aetna Vision℠ 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.			
Exam – coverage allowed for one eye exam every rolling 12 months				
Routine exam with dilation as necessary	$20 copay	$10 copay	$10 copay	$0 copay
Standard contact lens fit/follow-up	$40 discounted fee	$40 discounted fee	$40 discounted fee	$40 discounted fee
Premium contact lens fit/follow-up	10% off retail price	10% off retail price	10% off retail price	10% off retail price
Frames – coverage allowed for one eyeglass frame every rolling 12 or 24 months (rates vary by frame frequency)				
Any available frame at provider location	$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
Lenses – coverage allowed for one pair of prescription eyeglass lenses every rolling 12 months (in lieu of contact lenses per benefit period)				
Single vision lenses	$25 copay	$25 copay	$20 copay	$0 copay
Bifocal vision lenses	$25 copay	$25 copay	$20 copay	$0 copay
Trifocal vision lenses	$25 copay	$25 copay	$20 copay	$0 copay
Lenticular vision lenses	$25 copay	$25 copay	$20 copay	$0 copay
Standard progressive lenses[1]	$90 copay	$90 copay	$85 copay	$65 copay
Premium progressive lenses[1]	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
Other premium progressive lenses[1]	$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
Lens options				
UV treatment	$15 discounted fee	$15 discounted fee	$15 discounted fee	$15 discounted fee
Tint (solid and gradient)	$15 discounted fee	$15 discounted fee	$15 discounted fee	$15 discounted fee
Standard plastic scratch coating	$15 discounted fee	$0 copay	$0 copay	$0 copay
Standard polycarbonate - adult	$40 discounted fee	$40 discounted fee	$40 discounted fee	$0 copay
Standard polycarbonate - kids under 19	$40 discounted fee	$0 copay	$0 copay	$0 copay
Standard anti-reflective coating[2]	$45 discounted fee	$45 discounted fee	$45 discounted fee	$45 discounted fee
Premium anti-reflective coating[2]	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
Photochromic/transitions plastic	$75 discounted fee	$75 discounted fee	$75 discounted fee	$75 discounted fee
Polarized and other lens add-ons	20% off retail price	20% off retail price	20% off retail price	20% off retail price
Contacts – coverage for one order of contact lenses every rolling 12 months (in lieu of eyeglass lenses per benefit period)				
Conventional lenses	$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
Disposable lenses	$100 allowance*	$130 allowance*	$160 allowance*	$200 allowance*
Medically necessary lenses	$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[3] 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[4] 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.

[1]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.

[2]Anti-reflective tier designations are based on brand. Tier designations are subject to annual review and change based on market conditions.

[3]Internal Aetna Vision Preferred data as of August, 2024.

[4]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℠ 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.

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