

Banner | Aetna® simplified benefits experience - AZ 2-50 01/01/2025
Fast. Simple. Convenient.

Product Design - Open Access Managed Choice (OAMC)	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
AZ Banner Perf Gold OAMP 1000 90/50***	\$1,000/\$2,000	\$8,500/\$17,000	10%	\$35 DW	\$75 DW	Covered in full DW/\$35 DW	\$75 DW	10% AD	10% AD/10% AD	10% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Perf Gold OAMP 1000 70/50***	\$1,000/\$2,000	\$7,500/\$15,000	30%	\$30 DW	\$60 DW	Covered in full DW/\$30 DW	\$75 DW	30% AD	30% AD/30% AD	30% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Perf Gold OAMP 1500 80/50***	\$1,500/\$3,000	\$8,500/\$17,000	20%	\$25 DW	\$50 DW	Covered in full DW/\$25 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Perf Gold OAMP 2000 80/50***	\$2,000/\$4,000	\$5,750/\$11,500	20%	\$25 DW	\$50 DW	Covered in full DW/\$25 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Perf Gold OAMP 2500 90/50***	\$2,500/\$5,000	\$6,900/\$13,800	10%	\$30 DW	\$60 DW	Covered in full DW/\$30 DW	\$75 DW	\$500 AD	10% AD/10% AD	10% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Perf Gold OAMP 3000 80/50***	\$3,000/\$6,000	\$5,500/\$11,000	20%	\$30 DW	\$70 DW	Covered in full DW/\$30 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$20	\$60/\$120	30% up to \$300/50% up to \$500
AZ Banner Perf Silver OAMP 3000 70/50***	\$3,000/\$6,000	\$8,250/\$16,500	30%	\$35 DW	\$75 DW	Covered in full DW/\$35 DW	\$80 DW	30% AD	30% AD/30% AD	30% AD	\$500 Individual/ \$1,000 Family	\$30 DW	\$80 AD/\$160 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Gold OAMP 3500 80/50***	\$3,500/\$7,000	\$6,000/\$12,000	20%	\$25 DW	\$50 DW	Covered in full DW/\$25 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$20	\$60/\$120	30% up to \$300/50% up to \$500
AZ Banner Perf Silver OAMP 4000 70/50***	\$4,000/\$8,000	\$8,500/\$17,000	30%	\$40 DW	\$95 DW	Covered in full DW/\$40 DW	\$80 DW	30% AD	30% AD/30% AD	30% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Perf Silver OAMP 4650 80/50***	\$4,650/\$9,300	\$8,500/\$17,000	20%	\$40 DW	\$95 DW	Covered in full DW/\$40 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Perf Silver OAMP 5000 80/50***	\$5,000/\$10,000	\$8,000/\$16,000	20%	\$40 DW	\$80 DW	Covered in full DW/\$40 DW	\$80 DW	20% AD	20% AD/20% AD	20% AD	\$500 Individual/ \$1,000 Family	\$35 DW	\$100 AD/\$200 AD	30% up to \$300 AD/50% up to \$500 AD
AZ Banner Perf Silver OAMP 5500 70/50***	\$5,500/\$11,000	\$8,700/\$17,400	30%	\$40 DW	\$80 DW	Covered in full DW/\$40 DW	\$80 DW	30% AD	30% AD/30% AD	30% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Perf Silver OAMP 6200 80/50***	\$6,200/\$12,400	\$8,850/\$17,700	20%	\$35 DW	\$70 DW	Covered in full DW/\$35 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Perf Silver OAMP 7150 80/50***	\$7,150/\$14,300	\$8,500/\$17,000	20%	\$55 DW	\$125 DW	Covered in full DW/\$55 DW	\$80 DW	20% AD	20% AD/20% AD	20% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500

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Product Design - Open Access Managed Choice (OAMC)	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
AZ Banner Perf Silver OAMP 7900 70/50***	\$7,900/\$15,800	\$8,400/\$16,800	30%	\$50 DW	\$100 DW	Covered in full DW/\$50 DW	\$100 DW	30% AD	30% AD/30% AD	30% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Perf Bronze OAMP 8400 60/50***	\$8,400/\$16,800	\$8,850/\$17,700	40%	\$50 DW	\$120 DW	Covered in full DW/\$50 DW	\$80 DW	40% AD	40% AD/40% AD	40% AD	\$500 Individual/ \$1,000 Family	\$35 DW	\$100 AD/\$200 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Gold OAMP 1650 80/50 HSA T†	\$1,650/\$3,300	\$4,550/\$9,100	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Gold OAMP 2500 90/50 HSA T†	\$2,500/\$5,000	\$3,200/\$6,400	10%	10% AD	10% AD	Covered in full AD/10% AD	10% AD	10% AD	10% AD/10% AD	10% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Silver OAMP 3400 80/50 HSA E***	\$3,400/\$6,800	\$6,900/\$13,800	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$30 AD	\$60 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Silver OAMP 4500 80/50 HSA E***	\$4,500/\$9,000	\$6,900/\$13,800	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Bronze OAMP 5700 70/50 HSA E***	\$5,700/\$11,400	\$7,350/\$14,700	30%	30% AD	30% AD	Covered in full AD/30% AD	30% AD	30% AD	30% AD/30% AD	30% AD	Integrated with Medical Deductible	\$35 AD	\$70 AD/\$140 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Bronze OAMP 6400 80/50 HSA E***	\$6,400/\$12,800	\$7,150/\$14,300	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Perf Bronze OAMP 7050 100/50 HSA E***	\$7,050/\$14,100	\$7,050/\$14,100	0%	Covered in full AD	Covered in full AD	Covered in full AD/ Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD/ Covered in full AD	Covered in full AD	Integrated with Medical Deductible	Covered in full AD	Covered in full AD/ Covered in full AD	Covered in full AD/ Covered in full AD

Product Design - PPO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
AZ Banner Broad PPO Gold 1000 90/50***	\$1,000/\$2,000	\$8,500/\$17,000	10%	\$35 DW	\$75 DW	Covered in full DW/\$35 DW	\$75 DW	10% AD	10% AD/10% AD	10% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Gold 1000 70/50***	\$1,000/\$2,000	\$7,500/\$15,000	30%	\$30 DW	\$60 DW	Covered in full DW/\$30 DW	\$75 DW	30% AD	30% AD/30% AD	30% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Gold 1500 80/50***	\$1,500/\$3,000	\$8,500/\$17,000	20%	\$25 DW	\$50 DW	Covered in full DW/\$25 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Gold 2000 80/50***	\$2,000/\$4,000	\$5,750/\$11,500	20%	\$25 DW	\$50 DW	Covered in full DW/\$25 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Gold 2500 90/50***	\$2,500/\$5,000	\$6,900/\$13,800	10%	\$30 DW	\$60 DW	Covered in full DW/\$30 DW	\$75 DW	\$500 AD	10% AD/10% AD	10% AD	None	\$30	\$70/\$130	30% up to \$300/50% up to \$500

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Product Design - PPO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
AZ Banner Broad PPO Gold 3000 80/50***	\$3,000/\$6,000	\$5,500/\$11,000	20%	\$30 DW	\$70 DW	Covered in full DW/\$30 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$20	\$60/\$120	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Silver 3000 70/50***	\$3,000/\$6,000	\$8,250/\$16,500	30%	\$35 DW	\$75 DW	Covered in full DW/\$35 DW	\$80 DW	30% AD	30% AD/30% AD	30% AD	\$500 Individual/ \$1,000 Family	\$30 DW	\$80 AD/\$160 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Gold 3500 80/50***	\$3,500/\$7,000	\$6,000/\$12,000	20%	\$25 DW	\$50 DW	Covered in full DW/\$25 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$20	\$60/\$120	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Silver 4000 70/50***	\$4,000/\$8,000	\$8,500/\$17,000	30%	\$40 DW	\$95 DW	Covered in full DW/\$40 DW	\$80 DW	30% AD	30% AD/30% AD	30% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Silver 4650 80/50***	\$4,650/\$9,300	\$8,500/\$17,000	20%	\$40 DW	\$95 DW	Covered in full DW/\$40 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Silver 5000 80/50***	\$5,000/\$10,000	\$8,000/\$16,000	20%	\$40 DW	\$80 DW	Covered in full DW/\$40 DW	\$80 DW	20% AD	20% AD/20% AD	20% AD	\$500 Individual/ \$1,000 Family	\$35 DW	\$100 AD/\$200 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Silver 5500 70/50***	\$5,500/\$11,000	\$8,700/\$17,400	30%	\$40 DW	\$80 DW	Covered in full DW/\$40 DW	\$80 DW	30% AD	30% AD/30% AD	30% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Silver 6200 80/50***	\$6,200/\$12,400	\$8,850/\$17,700	20%	\$35 DW	\$70 DW	Covered in full DW/\$35 DW	\$75 DW	20% AD	20% AD/20% AD	20% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Silver 7150 80/50***	\$7,150/\$14,300	\$8,500/\$17,000	20%	\$55 DW	\$125 DW	Covered in full DW/\$55 DW	\$80 DW	20% AD	20% AD/20% AD	20% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Silver 7900 70/50***	\$7,900/\$15,800	\$8,400/\$16,800	30%	\$50 DW	\$100 DW	Covered in full DW/\$50 DW	\$100 DW	30% AD	30% AD/30% AD	30% AD	None	\$35	\$100/\$200	30% up to \$300/50% up to \$500
AZ Banner Broad PPO Bronze 8400 60/50***	\$8,400/\$16,800	\$8,850/\$17,700	40%	\$50 DW	\$120 DW	Covered in full DW/\$50 DW	\$80 DW	40% AD	40% AD/40% AD	40% AD	\$500 Individual/ \$1,000 Family	\$35 DW	\$100 AD/\$200 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Gold 1650 80/50 HSA T¹	\$1,650/\$3,300	\$4,550/\$9,100	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Gold 2500 90/50 HSA T¹	\$2,500/\$5,000	\$3,200/\$6,400	10%	10% AD	10% AD	Covered in full AD/10% AD	10% AD	10% AD	10% AD/10% AD	10% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Silver 3400 80/50 HSA E***	\$3,400/\$6,800	\$6,900/\$13,800	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$30 AD	\$60 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Silver 4500 80/50 HSA E***	\$4,500/\$9,000	\$6,900/\$13,800	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD

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Product Design - PPO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
AZ Banner Broad PPO Bronze 5700 70/50 HSA E***	\$5,700/\$11,400	\$7,350/\$14,700	30%	30% AD	30% AD	Covered in full AD/30% AD	30% AD	30% AD	30% AD/30% AD	30% AD	Integrated with Medical Deductible	\$35 AD	\$70 AD/\$140 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Bronze 6400 80/50 HSA E***	\$6,400/\$12,800	\$7,150/\$14,300	20%	20% AD	20% AD	Covered in full AD/20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$25 AD	\$50 AD/\$100 AD	30% up to \$300 AD/ 50% up to \$500 AD
AZ Banner Broad PPO Bronze 7050 100/50 HSA E***	\$7,050/\$14,100	\$7,050/\$14,100	0%	Covered in full AD	Covered in full AD	Covered in full AD/ Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD/ Covered in full AD	Covered in full AD	Integrated with Medical Deductible	Covered in full AD	Covered in full AD/ Covered in full AD	Covered in full AD/ Covered in full AD

Product Design - HMO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
AZ Banner Silver Open HMO 5500 80%***	\$5,500/\$11,000	\$8,850/\$17,700	20%	\$40 DW	\$100 DW	Covered in full DW/\$40 DW	\$80 DW	20% AD	20% AD/20% AD	20% AD	None	\$35	\$90/\$180	30% up to \$300/50% up to \$500

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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: Please visit <https://www.aetna.com/sbcsearch/home> to access specific Summary of Benefits and Coverage (SBC) documents. For more information, please contact your licensed agent or Banner | Aetna Sales Representative.

- * **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 members accumulators. For HMO based plans the cost difference penalty does apply to the members accumulators. For specific details, consult the Summary of Benefits and Coverage (SBC).
- *** **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.
- † **TIF (Non-Embedded)** - The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. 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.

Product Types	Description
Aetna Open Access® Managed Choice® (OAMC)	Members can access any participating provider for covered services without a referral. Members have the freedom to choose network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs at any time. Members are able to receive emergency services at the in-network coinsurance/copay level.
Preferred provider organization (PPO)	Members can access any participating provider for covered services without a referral. When members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs. Members are able to receive emergency services at the in-network coinsurance/copay level.
Health maintenance organization (HMO)	A health maintenance organization (HMO) uses a network of participating providers. Each enrolled family member selects a primary care physician (PCP) participating in the network. The PCP provides routine and preventive care and helps coordinate the members total health care. The PCP refers members to participating specialists and facilities for medically necessary specialty care. Only services provided or referred by the PCP are covered, except for emergency, urgently needed care or direct-access benefits, unless approved by HMO in advance of receiving services.

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