







# Plan options: State CWA and Union Negotiated Members



Benefit	Tier1	Tier 2 – Nationwide	In network	Out of network
Medical network	APCN+ Multi-Tier Oper	n Access Aetna Select	Aetna Cho	ice® POS II
Deductible				
Individual	\$0	\$1,500	\$0	\$400
Family		\$3,000	\$0	\$1,000
Coinsur	reedom 2109 –8employees	nired on or after 7/1/2109Fre	edom HDLowln networkOut o	f networkIn networkOut of n

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## Plan options: State CWA and Union Negotiated Members



Plan options: All other State Members

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Benefit	In network	Out of network	In network
Medical network	Aetna Ch	oice® POS II	Aetna Select
Deductible			
Individual	\$4,150*	\$4,150*	\$0
Family	\$8,300*	\$8,300*	\$0
Coinsurance	20%	40%	0%
Coinsurance maximum out of p	ocket		
Individual	\$1,000	\$6,100	n/a
Family	\$2,000	\$12,200	n/a
Total maximum out of pocket			
Individual	\$5,150	\$6,150	\$7,560
Family	\$10,300	\$12,300	\$15,120
Doctors' office visits: primary c	are physician selection not	required	Required
Primary care office visit	20% after deductible	40% after deductible	\$15
Specialist office visit	20% after deductible	40% after deductible	\$30
Blagnostic procedures			
Freestanding lab/radiology/ advanced imaging	20% after deductible	40% after deductible	\$0
Outpatient lab/radiology/ advanced imaging	20% after deductible	40% after deductible	\$0
Hospital care			
Inpatient admission	20% after deductible	40% after deductible	\$0
Outpatient department	20% after deductible	40% after deductible	\$0
Emergency care			
Emergency room	20% after deductible	40% after deductible	\$100 <sup>1</sup>
Ambulance	20% after deductible	40% after deductible	\$0
Urgent care	20% after deductible	40% after deductible	\$45
Other services			
Acupuncture	20% after deductible	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit	Not covered
Short-term therapies: Physical, occupational, speech, respiratory	20% after deductible	40% after deductible for speech and occupational therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy	\$30
PT/OT/SP limits	Based on medical necessity		60-visit maximum per calendar year
Chiropractic care	20% after deductible	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$30
Chiropractic limits	30-visit maximum per calendar year		20-visit maximum per calendar year
Durable medical equipment			

## Plan options: All other State Members



Benefit	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna (	Choice® POS II
Deductible				
Individual	\$100	\$400	\$0	\$100
Family	n/a	\$1,000	\$0	\$250
Coinsurance	10%1	30%	10%1	30%
Coinsurance maximum out of p	ocket			
Individual	\$800	\$2,000	\$400	\$2,000
Family	\$2,000	\$5,000	\$1,000	\$5,000
Total maximum out of pocket				
Individual	\$7,560	\$2,000	\$7,560	\$2,000
Family	\$15,120	\$5,000	\$15,120	\$5,000
Doctors' office visits: primary ca	are physician selection no	ot required		
Primary care office visit	\$15	30% after deductible	\$15	30% after deductible
Specialist office visit	\$30	30% after deductible	\$15	30% after deductible
Diagnostic procedures				
Freestanding lab/radiology/ advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Outpatient lab/radiology/ advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Hospital care				
Inpatient admission	\$0	\$500/stay plus 30% after deductible	\$0	\$200/stay plus 30% after deductible
Outpatient department services/surgery	\$0	30% after deductible	\$0	30% after deductible
Emergency care				
Emergency room	\$15O <sup>2</sup>	\$150	\$10O <sup>2</sup>	\$100
Ambulance	10% after deductible	30% after deductible	10%	30% after deductible
Urgent care	\$45	30% after deductible	\$15	30% after deductible
Other services				
Acupuncture	\$30	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory	\$30	30% after deductible for speech and occupational therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy	\$15	30% after deductible for speech and occupationa therapy; lesser of \$52/ visit or 75% of INN cost/ visit for physical therapy
PT/OT/SP limits	Based on medical necessity		Based on medical necessity	
Chiropractic care	\$30	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	25-visit maximum per calendar year		30-visit maximum per calendar year	
·	%	30% after deductible		. ,

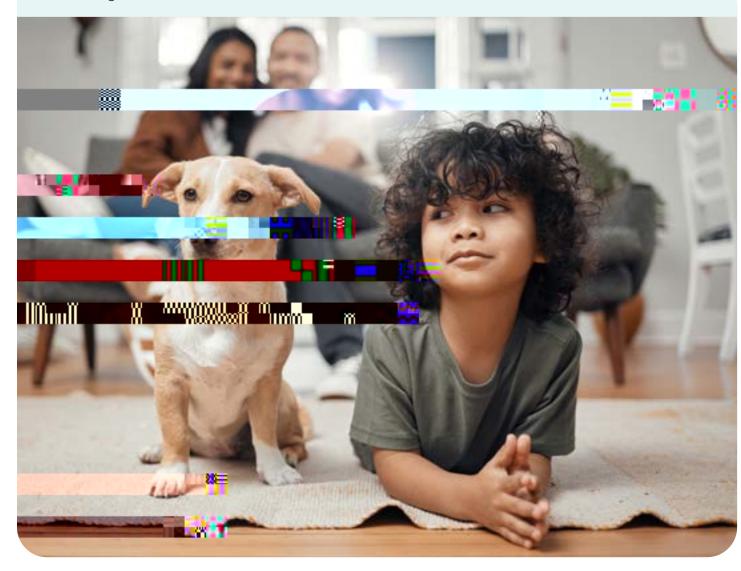
Plan options: All other State Members







### Care management/Behavioral health



From physical health to mental well-being, and from chronic condition support to everyday wellness, we create seamless connections to simplify your journey. We want to take the frustration out of health care and help you get what you want, when you want it, how you want it.

### Care management/Behavioral health

Your Aetna® medical plan supports both your physical needs and your mental wellness, with behavioral health reurces built right in. Now, more than ever, we want to help you stay well in body and mind.

You'll have access to a large network of behavioral health providers, including psychiatrists, psychologists, thera counselors. And you can schedule sessions in person or virtually, for short- or long-term care.

Once you're an Aetna member, you'll be able to call Aetna Behavioral Health or go online to get help finding a sol specific needs — whether you're struggling with anxiety or depression, everyday stress or relationship issues, or overcoming an addiction.

Here are just a few of the behavioral health programs available to you:

An eight-week virtual program to help you better deal with a recent medical diagnosis or other lif

Virtual support and digital tools for kids and teens

> Different levels of support for substance misuse and other addictive behaviors

