

Aetna 2026 Medical Benefits

| | | Open Access \$30/\$40 | Open Access \$30/\$40 90%/\$500 | Point of Service (POS) | | Health Reimbursement Account** (HRA) |
|---|--------------------------------|----------------------------|---|----------------------------|----------------------------|--|
| | | In-Network Only | In-Network Only | In-Network | Out-of-Network* | In-Network |
| Network | | Elect Choice | Elect Choice | Managed Choice | N/A | Managed Choice |
| Deductible, Out-of-Pocket Maximum, and Plan Coinsurance | Deductible (Ind/Fam) | \$0 / \$0 | \$500 / \$1,000 | \$0 / \$0 | \$300 / \$600 | \$1,500 / \$4,500 |
| | Out-of-Pocket Max (Ind/Fam) | \$2,000 / \$6,000 | \$2,000 / \$6,000 | \$2,000 / \$6,000 | \$3,000 / \$9,000 | \$3,000 / \$6,000 |
| | Coinsurance | 100% | 90% for certain services | 100% | 80% | 100% |
| | | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| Preventive Care | Child / Adult | No Charge | No Charge | No Charge | 20% (deductible waived) | Deductible waived |
| Office Visit | Primary Care / Specialist | \$30 copay / \$40 copay | \$30 copay / \$40 copay | \$30 copay / \$40 copay | 20% after deductible | 0% after deductible |
| Lab & X-ray | Diagnostic Tests | No charge | 10% after deductible | No charge | 20% after deductible | 0% after deductible |
| | Imaging (CT/PET/MRI) | No charge | 10% after deductible | No charge | 20% after deductible | 0% after deductible |
| Hospital (Includes Mental Health and Maternity) | Inpatient | \$150 copay | \$150 copay then 10% after deductible | \$150 copay | 20% after deductible | 0% after deductible |
| | Outpatient / Surgery | No Charge | 10% after deductible | No Charge | 20% after deductible | 0% after deductible |
| Emergency Services | Emergency Room | \$100 copay | \$100 copay after Deductible | \$100 copay | 20% after deductible | 0% after deductible |
| | Urgent Care Center | \$40 copay | \$40 copay after Deductible | \$40 copay | 20% after deductible | 0% after deductible |

Aetna networks are national, and no referrals are required to see specialists.

*Out-of-network services and care are subject to balance billing, which means that amounts over the in-network allowable charge may be billed to the member.

**A \$400 HRA is provided to those who enroll in the HRA plan with Individual Coverage.

**A \$1,250 HRA is provided to those who enroll in the HRA plan with one or more dependents.



How the HRA Works

1

Your deductible – You will pay out of pocket until you reach the deductible; however, Aetna provides HRA dollars to offset a portion of the deductible.

2

Your coverage – Your Prescription Drugs have copay amounts (\$15, \$25, & \$40). For all other services, your plan pays 100% of your expenses after you meet the deductible.

3

Your out-of-pocket limit – You are protected from major expenses.

In-network preventive care is covered by the plan at 100%, with no out-of-pocket cost for you.

Your Deductible:

\$1,500 employee
\$4,500 employee + 1 or more dependents

Aetna funds the first:

\$400 for employee
\$1,250 for employee + 1 or more dependents

Your Coverage:

After the deductible, you pay:
\$15 / \$25 / \$40 copay for prescription drugs
All other services covered 100%.

Your Out-of-Pocket Limit

\$3,000 employee;
\$6,000 employee + 1 or more dependents
You are protected – the plan pays 100% after the out-of-pocket limit.



Aetna 2026 Pharmacy Benefits

| | Open Access \$30/\$40 | Open Access \$30/\$40 90%/\$500 | Point of Service (POS) | Health Reimbursement Account (HRA) |
|--|--------------------------|---------------------------------------|---------------------------|--|
| Rx Deductible | N/A | N/A | N/A | Combined with Medical* |
| Retail Prescription Drugs (30-day supply) | | | | |
| Preventive | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Generic | \$15 copay | \$15 copay | \$15 copay | \$15 copay |
| Preferred Brand Name | \$25 copay | \$25 copay | \$25 copay | \$25 copay |
| Non-Preferred Brand Name | \$40 copay | \$40 copay | \$40 copay | \$40 copay |
| Mail-Order and Retail Prescriptions (90-day supply) | | | | |
| Preventive | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| Generic | \$30 copay | \$30 copay | \$30 copay | \$30 copay |
| Preferred Brand Name | \$50 copay | \$50 copay | \$50 copay | \$50 copay |
| Non-Preferred Brand Name | \$80 copay | \$80 copay | \$80 copay | \$80 copay |

*On the HRA plan, copays apply only after the deductible has been met.

To save on prescriptions, try these ideas:

- Talk to your doctor about generic substitutes for preferred and non-preferred brand drugs.
- Fill prescriptions at a big-box store such as Costco or Walmart.
- Review Aetna's preventive drug list – some medications are available at no cost to you.
- Use your FSA when purchasing prescriptions to save on taxes.
- Consider mail order for your maintenance medications. Get a 90-day supply for 2 copays. Call 1-888-792-3862 or log in to your member website to get started.
- You can also get a 90-day supply for 2 copays at retail pharmacies.

