

# 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*
<b>Retail Prescription Drugs (30-day supply)</b>				
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
<b>Mail-Order and Retail Prescriptions (90-day supply)</b>				
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.

