



Aetna Funding Advantage

2017 National Plans

Plan name	Deductible (Individual/Family)	Out-of-pocket limit (Individual/Family)	Copays (PCP/Specialist)	Emergency room	Urgent care	Pharmacy Deductible	Generic drugs (Tier 1A Value/ Tier 1)	Brand drugs (Preferred/ Nonpreferred)	Specialty drugs (Preferred/ Nonpreferred)
500 100/70	\$500/\$1,000	\$3,000/\$6,000	\$20 copay/\$40 copay	\$150 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
1000 100/70	\$1,000/\$2,000	\$3,500/\$7,000	\$20 copay/\$40 copay	\$150 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
1500 100/70	\$1,500/\$3,000	\$4,000/\$8,000	\$25 copay/\$50 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
2000 100/70	\$2,000/\$4,000	\$4,500/\$9,000	\$25 copay/\$50 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
2500 100/70	\$2,500/\$5,000	\$5,000/\$10,000	\$30 copay/\$60 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
3000 100/70	\$3,000/\$6,000	\$5,500/\$11,000	\$30 copay/\$60 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
4000 100/70	\$4,000/\$8,000	\$6,500/\$13,000	\$30 copay/\$60 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
5000 100/70	\$5,000/\$10,000	\$6,850/\$13,700	\$30 copay/\$60 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$45 copay/\$70 copay	20% up to \$250/ 40% up to \$500
500 80/60	\$500/\$1,000	\$3,000/\$6,000	\$25 copay/\$50 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
1000 80/60	\$1,000/\$2,000	\$3,500/\$7,000	\$25 copay/\$50 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
1500 80/60	\$1,500/\$3,000	\$4,000/\$8,000	\$25 copay/\$50 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$35 copay/\$60 copay	20% up to \$250/ 40% up to \$500
2500 80/60	\$2,500/\$5,000	\$5,000/\$10,000	\$30 copay/\$60 copay	\$200 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$45 copay/\$70 copay	20% up to \$250/ 40% up to \$500
3500 80/60	\$3,500/\$7,000	\$6,500/\$13,000	\$30 copay/\$60 copay	\$250 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$45 copay/\$70 copay	20% up to \$250/ 40% up to \$500
5000 80/60	\$5,000/\$10,000	\$6,850/\$13,700	\$35 copay/\$70 copay	\$250 copay	\$75 copay	None	\$3 copay/ \$10 copay	\$45 copay/\$70 copay	20% up to \$250/ 40% up to \$500
2750 70/50	\$2,750/\$5,500	\$5,500/\$11,000	\$35 copay/\$70 copay	\$300 copay	\$100 copay	None	\$3 copay/ \$10 copay	\$45 copay/\$70 copay	20% up to \$250/ 40% up to \$500
4000 70/50	\$4,000/\$8,000	\$6,850/\$13,700	\$35 copay/\$70 copay	\$300 copay	\$100 copay	None	\$3 copay/ \$10 copay	\$45 copay/\$70 copay	20% up to \$250/ 40% up to \$500



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4500 50/50	\$4,500/\$9,000	\$6,850/\$13,700	\$35 copay/\$70 copay	\$350 copay	\$100 copay	None	\$3 copay/ \$10 copay	\$50 copay/\$80 copay	50% up to \$250/ 50% up to \$500
1500 100/80 Int RX	\$1,500/\$3,000	\$4,500/\$9,000	\$25 copay/\$65 copay after deductible	\$200 copay after deductible	\$75 copay	Integrated with Medical Deductible	\$3 copay/ \$10 copay	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
2500 100/80 Int RX	\$2,500/\$5,000	\$5,500/\$11,000	\$25 copay/\$65 copay after deductible	\$200 copay after deductible	\$75 copay	Integrated with Medical Deductible	\$3 copay/ \$10 copay	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
3500 100/80 Int RX	\$3,500/\$7,000	\$6,500/\$13,000	\$25 copay/\$65 copay after deductible	\$250 copay after deductible	\$75 copay	Integrated with Medical Deductible	\$3 copay/ \$10 copay	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
5000 100/80 Int RX	\$5,000/\$10,000	\$6,850/\$13,700	\$25 copay/\$65 copay after deductible	\$250 copay after deductible	\$75 copay	Integrated with Medical Deductible	\$3 copay/ \$10 copay	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
6250 100/80 Int RX	\$6,250/\$12,500	\$6,850/\$13,700	\$25 copay/\$65 copay after deductible	\$250 copay after deductible	\$75 copay	Integrated with Medical Deductible	\$3 copay/ \$10 copay	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
2000 HSA 100/80	\$2,000/\$4,000	\$3,275/\$6,550	\$25 copay after deductible/\$50 copay after deductible	\$250 copay after deductible	\$75 copay after deductible	Integrated with Medical Deductible	\$3 copay after deductible/ \$10 copay after deductible	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
2500 HSA 100/80	\$2,500/\$5,000	\$3,275/\$6,550	Covered in full after deductible/Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Integrated with Medical Deductible	\$3 copay after deductible/ \$10 copay after deductible	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
2750 HSA 80/60 Emb	\$2,750/\$5,500	\$6,550/\$13,100	\$25 copay after deductible/\$50 copay after deductible	20% after deductible	20% after deductible	Integrated with Medical Deductible	\$3 copay after deductible/ \$10 copay after deductible	\$45 copay after deductible/\$70 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
3750 HSA 80/60 Emb	\$3,750/\$7,500	\$6,550/\$13,100	\$25 copay after deductible/\$50 copay after deductible	20% after deductible	20% after deductible	Integrated with Medical Deductible	\$3 copay after deductible/ \$10 copay after deductible	\$50 copay after deductible/\$80 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible
5500 HSA 80/60 Emb	\$5,500/\$11,000	\$6,550/\$13,100	\$30 copay after deductible/\$60 copay after deductible	20% after deductible	20% after deductible	Integrated with Medical Deductible	\$3 copay after deductible/ \$10 copay after deductible	\$50 copay after deductible/\$80 copay after deductible	20% up to \$250 after deductible/ 40% up to \$500 after deductible

Footnotes

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 maximum (OOP). After the out of pocket maximum 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. All CPOSII and PPO plans include out-of-network benefits. Open Access Aetna Select plans exclude out-of-network benefits.

Note: Please refer to Aetna's Producer World® web site at www.aetna.com for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna Sales Representative.

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