

Aetna Funding Advantage

Standard Multi-Tier Plans Effective 9/1/2025

Plan name	Deductible (Individual/Family)	Out-of-pocket limit (Individual/Family)	Coinsurance	PCP Office Visit	Specialist Office Visit	Walk-in clinics* (T1 Walk-in Clinics / All Other Network Providers)	Urgent care	Emergency room	Lab / X-ray	Inpatient hospital	Pharmacy Deductible	Pharmacy** Low Cost and Preferred Generic (Tier 1A Value / Tier 1) / Preferred Brand / Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty
1500 100/80 [†]	T1 : \$1,500/\$3,000 T2 : \$3,000/\$6,000	T1 : \$5,000/\$10,000 T2 : \$6,500/\$13,000	T1 : 0% T2 : 20%	T1 : \$25 DW T2 : 20% AD	T1 : \$75 DW T2 : 20% AD	T1 : \$0 DW / \$25 DW T2 : Paid at the designated level	T1 : \$75 DW T2 : 20% AD	T1 : \$300 AD T2 : Paid at the designated level	T1 : \$0 AD T2 : 20% AD	T1 : Covered in full AD T2 : 20% AD	None	\$3/\$10/\$45/\$75/20% up to \$250/40% up to \$500
2000 100/80 [†]	T1 : \$2,000/\$4,000 T2 : \$4,000/\$8,000	T1 : \$5,500/\$11,000 T2 : \$7,500/\$15,000	T1 : 0% T2 : 20%	T1 : \$25 DW T2 : 20% AD	T1 : \$75 DW T2 : 20% AD	T1 : \$0 DW / \$25 DW T2 : Paid at the designated level	T1 : \$75 DW T2 : 20% AD	T1 : \$300 AD T2 : Paid at the designated level	T1 : \$0 AD T2 : 20% AD	T1 : Covered in full AD T2 : 20% AD	None	\$3/\$10/\$45/\$75/20% up to \$250/40% up to \$500
2500 80/60 [†]	T1 : \$2,500/\$5,000 T2 : \$5,000/\$10,000	T1 : \$6,500/\$13,000 T2 : \$7,850/\$15,700	T1 : 20% T2 : 40%	T1 : \$35 DW T2 : 40% AD	T1 : \$75 DW T2 : 40% AD	T1 : \$0 DW / \$35 DW T2 : Paid at the designated level	T1 : \$75 DW T2 : 40% AD	T1 : \$300 plus 20% AD T2 : Paid at the designated level	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	None	\$3/\$10/\$50/\$80/20% up to \$250/40% up to \$500
3500 80/60 [†]	T1 : \$3,500/\$7,000 T2 : \$6,000/\$12,000	T1 : \$7,000/\$14,000 T2 : \$8,000/\$16,000	T1 : 20% T2 : 40%	T1 : \$35 DW T2 : 40% AD	T1 : \$75 DW T2 : 40% AD	T1 : \$0 DW / \$35 DW T2 : Paid at the designated level	T1 : \$75 DW T2 : 40% AD	T1 : \$300 plus 20% AD T2 : Paid at the designated level	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	None	\$3/\$10/\$50/\$80/20% up to \$250/40% up to \$500
5000 80/60 [†]	T1 : \$5,000/\$10,000 T2 : \$6,750/\$13,500	T1 : \$7,750/\$15,500 T2 : \$8,500/\$17,000	T1 : 20% T2 : 40%	T1 : \$40 DW T2 : 40% AD	T1 : \$80 DW T2 : 40% AD	T1 : \$0 DW / \$40 DW T2 : Paid at the designated level	T1 : \$75 DW T2 : 40% AD	T1 : \$300 plus 20% AD T2 : Paid at the designated level	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	None	\$3/\$10/\$50/\$80/20% up to \$250/40% up to \$500
6750 100/80 IntRX [†]	T1 : \$6,750/\$13,500 T2 : \$7,350/\$14,700	T1 : \$8,750/\$17,500 T2 : \$9,100/\$18,200	T1 : 0% T2 : 20%	T1 : \$35 DW T2 : 20% AD	T1 : \$75 AD T2 : 20% AD	T1 : \$0 DW / \$35 DW T2 : Paid at the designated level	T1 : \$100 DW T2 : 20% AD	T1 : \$500 AD T2 : Paid at the designated level	T1 : \$0 AD T2 : 20% AD	T1 : \$500 copay per admission AD T2 : 20% AD	Integrated with Medical	\$3 DW/\$10 DW/\$50 AD/\$80 DW NP Gen/\$80 AD NP Brand/ 20% up to \$250 AD/40% up to \$500 AD
4000 HSA 80/60 E [†]	T1 : \$4,000/\$8,000 T2 : \$6,000/\$12,000	T1 : \$7,500/\$15,000 T2 : \$7,500/\$15,000	T1 : 20% T2 : 40%	T1 : \$35 AD T2 : 40% AD	T1 : \$75 AD T2 : 40% AD	T1 : \$0 AD / \$35 AD T2 : Paid at the designated level	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : Paid at the designated level	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	Integrated with Medical	\$3 AD/\$10 AD/\$50 AD/\$100 AD/ 20% up to \$250 AD/40% up to \$500 AD

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Funding Advantage™ plans are self-insured by the employer and administered by Aetna Life Insurance Company. Stop loss insurance coverage is offered by Aetna Life Insurance Company.



Footnotes

"AD" indicates after deductible. "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. All CPOSII plans include out-of-network benefits. Open Access Aetna Select (OAAS) plans only provide access to covered benefits when provided by a network provider. The OAAS plans do not cover services from an out-of-network provider, except for emergency care provided for an emergency medical condition. The OAAS plans will pay for the emergency care as in-network benefits.

Note: To access specific Summary of Benefits and Coverage (SBC) documents, please go to <https://www.aetna.com/sbcsearch/home>. For more information, please contact your licensed agent or 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.

****Choose Generics with Dispense as Written (DAW) override** - Member pays the difference in cost between a brand and generic drug plus the applicable cost share if a generic drug is available and a brand-name drug is dispensed unless the physician indicates "Dispense as Written" on the prescription. The cost difference between the generic and brand does not count toward the Deductible or Out-of-Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Advanced Control Plan - Aetna Formulary) to understand which drugs are covered. Precertification and step therapy applies.

****Maintenance Choice[®] with Opt Out** – After two retail fills, members must choose to fill a 90-day supply of their maintenance drugs at a participating mail service pharmacy or at selected participating retail providers. If the member wants to continue to fill their 30-day supply at any other network pharmacy, they simply need to call us at the number on their member ID card. If they do not notify us that they want to opt out of the 90-day supply at a participating mail service pharmacy or at selected participating retail providers, they'll be responsible for 100 percent of their medication cost. The member may call us any time, even from the pharmacy, to let us know that they intend to opt out of the benefit.

****Specialty** - All prescription fills must be through the preferred specialty pharmacy network, Aetna Specialty Network. True Accumulation applies.

****Preventive Medications (IntRX and HSA plans)** - Deductible is waived for certain preventive medications.

†Embedded Deductible / Out-of-Pocket Limit – 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.

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