

**The Aetna® simplified benefits experience - WA 1-50 01/01/2023**  
**Fast. Simple. Convenient.**

Product Design - PPO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics*	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred brand	Pharmacy** preferred specialty / non-preferred specialty
<b>WA Gold PPO 500 80/50***</b>	\$500/\$1,000	\$8,500/\$17,000	20%	\$35 DW	\$60 DW	Covered in full DW	\$60 DW	\$500 plus 20% AD	20% AD/20% AD	20% AD	None	\$10	\$45/\$85	30% up to \$300/ 40% up to \$500
<b>WA Gold PPO 1000 80/50***</b>	\$1,000/\$2,000	\$8,200/\$16,400	20%	\$35 DW	\$60 DW	Covered in full DW	\$60 DW	\$500 plus 20% AD	20% AD/20% AD	20% AD	None	\$10	\$50/\$85	30% up to \$300/ 40% up to \$500
<b>WA Silver PPO 2000 70/50***</b>	\$2,000/\$4,000	\$8,500/\$17,000	30%	\$45 DW	\$80 DW	Covered in full DW	\$80 DW	\$500 plus 30% AD	30% AD/30% AD	30% AD	None	\$35	\$85/50%	50% up to \$500/ 50% up to \$750
<b>WA Silver PPO 3000 70/50***</b>	\$3,000/\$6,000	\$8,100/\$16,200	30%	\$40 DW	\$80 DW	Covered in full DW	\$80 DW	\$500 plus 30% AD	30% AD/30% AD	30% AD	None	\$30	\$70/50%	50% up to \$500/ 50% up to \$750
<b>WA Bronze PPO 6850 100/50 Copay Plan***</b>	\$6,850/\$13,700	\$9,000/\$18,000	0%	\$60 DW	\$130 DW	Covered in full DW	\$130 DW	\$750 AD	Covered in full AD/ Covered in full AD	\$1,500 per admission AD	None	\$30	\$120/50%	50% up to \$500/ 50% up to \$750
<b>WA Silver PPO 2500 70/50***</b>	\$2,500/\$5,000	\$8,100/\$16,200	30%	\$45 DW	\$80 DW	Covered in full DW	\$80 DW	\$500 plus 30% AD	30% AD/30% AD	30% AD	Integrated with Medical Deductible	\$30 DW	\$70 AD/50% AD	50% up to \$500 AD/ 50% up to \$750 AD
<b>WA Silver PPO 4000 80/50***</b>	\$4,000/\$8,000	\$8,700/\$17,400	20%	\$40 DW	\$80 DW	Covered in full DW	\$80 DW	\$500 plus 20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$15 DW	\$65 AD/50% AD	50% up to \$500 AD/ 50% up to \$750 AD
<b>WA Bronze PPO 6200 60/50***</b>	\$6,200/\$12,400	\$9,100/\$18,200	40%	\$50 DW	\$120 DW	Covered in full DW	\$100 DW	\$750 plus 40% AD	40% AD/40% AD	40% AD	Integrated with Medical Deductible	\$30 DW	\$85 AD/50% AD	50% up to \$500 AD/ 50% up to \$750 AD
<b>WA Bronze PPO 8000 70/50***</b>	\$8,000/\$16,000	\$9,000/\$18,000	30%	\$40 DW	\$80 DW	Covered in full DW	\$80 DW	30% AD	30% AD/30% AD	30% AD	Integrated with Medical Deductible	\$25 DW	30% AD/30% AD	30% up to \$500 AD/ 50% up to \$750 AD
<b>WA Silver PPO 2450 80/50 HSA-T†</b>	\$2,450/\$4,900	\$6,750/\$8,700	20%	20% AD	20% AD	Covered in full AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$15 AD	\$65 AD/\$100 AD	40% up to \$500 AD/ 50% up to \$750 AD
<b>WA Silver PPO 3000 80/50 HSA-E***</b>	\$3,000/\$6,000	\$6,650/\$13,300	20%	20% AD	20% AD	Covered in full AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$15 AD	\$65 AD/\$100 AD	40% up to \$500 AD/ 50% up to \$750 AD
<b>WA Silver PPO 5000 80/50 HSA-E***</b>	\$5,000/\$10,000	\$6,650/\$13,300	20%	20% AD	20% AD	Covered in full AD	20% AD	20% AD	20% AD/20% AD	20% AD	Integrated with Medical Deductible	\$12 AD	\$55 AD/\$95 AD	40% up to \$500 AD/ 50% up to \$750 AD
<b>WA Bronze PPO 6250 70/50 HSA-E***</b>	\$6,250/\$12,500	\$6,900/\$13,800	30%	30% AD	30% AD	Covered in full AD	30% AD	30% AD	30% AD/30% AD	30% AD	Integrated with Medical Deductible	\$20 AD	\$80 AD/\$120 AD	40% up to \$500 AD/ 50% up to \$750 AD

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).



## Footnotes

"AD" indicates after deductible and "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 for all products. Your plan may have out-of-network coverage as well, please consult the Summary of Benefits and Coverage (SBC) for additional information.

Note: Please visit <https://www.aetna.com/sbcsearch/home> to access specific Summary of Benefits and Coverage (SBC) documents. 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.
- \*\* **Pharmacy** - The drug formulary includes precertification, step therapy and quantity limits. Choose Generic: For PPO based plans the cost difference penalty for choose generics does not apply to the members accumulators. For HMO based plans the cost difference penalty does apply to the members accumulators. For specific details, consult the Summary of Benefits and Coverage (SBC).
- \*\*\* **Embedded** – 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.
- † **TIF (Non-Embedded)** - The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. 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.

Product Types	Description
<b>Preferred provider organization (PPO)</b>	Members can access any participating provider for covered services without a referral. When members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs. Members are able to receive emergency services at the in-network coinsurance/copay level.

**Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).**

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health and dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about your Aetna plans, refer to [Aetna.com](https://www.aetna.com).

