



The Summary of Benefit and Coverage Statement is the document that you receive when you enroll in the plan. It contains information about the plan, including the amount you pay for the plan, the amount you pay for covered services, and the amount you pay for out-of-pocket costs. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://www.aetna.com/sbcsearch/getpolicydocs?u=082600-060020-052466> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the deductible for this plan?</p>	<p>In-<u>Network</u>: EE Only \$1,650; EE+ Family \$3,300.</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.</p>
<p>Are there any services covered before you meet your deductible?</p>	<p>Yes. In-<u>network</u> <u>preventive care</u> is covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there any services covered before you meet your deductible?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>In-<u>Network</u>: EE Only \$3,500; EE+ Family \$5,000.</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, the overall family <u>out-of-pocket limit</u> must be met.</p>
<p>Are there any services not covered by this plan?</p>	<p>Premiums, <u>balance-billing</u> charges, health care that is <u>not</u> covered by this <u>plan</u>.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Do I have to use a network of providers?</p>	<p>Yes. See http://www.aetna.com/docfind or call 1-888-982-3862 for a list of <u>in-network</u> providers.</p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a _____</p>
<p></p>	<p></p>	<p></p>



All

Common Element	Service Category	at ou i ay		Limitation Information
		in et or ro j er ou i ay t e ea t	ut-of-et or ro j er ou i ay t e mo t	
	Urgent care	10 coinsurance	not covered	no coverage for non-urgent use.
if you are a hospital stay	Facility fee (e.g., hospital room)	10 coinsurance	not covered	one
	Physician consultation fees	10 coinsurance	not covered	one
if you need mental health services	Outpatient services	Office & other outpatient services: 10 coinsurance		

		_____		_____

		_____		_____

Minimum Essential Coverage

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

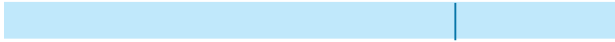
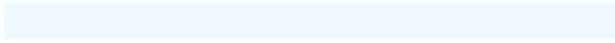
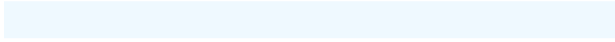
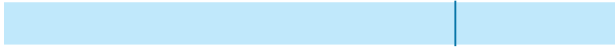
Minimum Value Standards

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.



i i nota o te timator Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.



Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

to view documents from your smartphone or tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

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Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

Language Assistance

For language assistance in your language call 1-888-982-3862 at no cost.

- Gujarati - , 1-888-982-3862.
- Hawaiian - No ka wala au ana me ka lawelawe lelo e kahea aku i k ia helu kelepona **1-888-982-3862** K ki ole ia k ia k kua nei.
- Hindi - , 1-888-982-3862
- Hmong - Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862.
- Igbo - Iji nwetaòhèrè na r gas as s n'efu, kp 1-888-982-3862.
- Ilocano - Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862.
- Indonesian - Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862.
- Italian - Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862.
- Japanese - **1-888-982- 8 2**
- Ke5,e -

Pennsylvania Dutch - Um Schprooch Services zu grieghe mitaus Koscht, ruff 1-888-982-3862.

Persian - **1-888-982-3862**

Polish - Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1-888-982-3862.

Portuguese - Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862.

Punjabi - , 1-888-982-3862 ‘

Romanian - Pentru a accesa gratuit serviciile de limbă , apelați 1-888-982-3862.

Russian - , 1-888-982-3862.

Samoan - Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le 1-888-982-3862.

Serbo-Croatian - Za besplatne prevodila ke usluge pozovite 1-888-982-3862.

Spanish - Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862.

Sudanic-Fulfulde - Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862.

Swahili - Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862.

Tamil - : 1-888-982-3862 .

Tagalog - Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862.

Telugu - , **1-888-982-3862** .

Thai - 1-888-982-3862.

Tongan - Kapau ‘oku ke fiema’u ta’et t’ngi ‘a e ngaahi s’vesi kotoa p’he ngaahi lea kotoa, telefoni ki he 1-888-982-3862.

Trukese - Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862.

Turkish - Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın.

Ukrainian - , 1-888-982-3862.

Urdu - .- 1-888-982-3862

Vietnamese - Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ , hãy gọi tới số **1-888-982-3862**.

Yiddish - **1-888-982-3862** ,

Yoruba - Lati wá nù awón isèdèl’ fún , pe **1-888-982-3862**.