Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2027 – 12/31/2027

Aetna: Aetna HDHP

Coverage for: Individual + Family | Plan Type: HDHP

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,600 individual / $3,200 family (in-network). $3,200 individual / $6,400 family (out-of-network).	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. In-network preventive care, telehealth visits, and preventive medications are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	$5,000 individual / $10,000 family (in-network). $10,000 individual / $20,000 family (out-of-network).	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. This plan uses the Aetna Choice POS II Network. Call the number on your ID card for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider.
Do you need a referral to see a specialist?	No. This plan is HSA-eligible — your employer contributes $500 for individuals and $1,000 for families to your Health Savings Account.	You can see the specialist you choose without a referral.

All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay (Network Provider)	What You Will Pay (Out-of-Network)	Limitations, Exceptions & Other Info
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% coinsurance after deductible	40% coinsurance after deductible	Telehealth visits: $0, no deductible (in-network only).
	Specialist visit	20% coinsurance after deductible	40% coinsurance after deductible	None
	Preventive care / screening / immunization	No charge	Not covered	No deductible for ACA-mandated preventive services.

Common Medical Event	Services You May Need	What You Will Pay (Network Provider)	What You Will Pay (Out-of-Network)	Limitations, Exceptions & Other Info
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance after deductible	40% coinsurance after deductible	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance after deductible	40% coinsurance after deductible	Prior authorization required.
If you need drugs to treat your illness or condition	Generic drugs	10% coinsurance after deductible	Not covered	All Rx costs apply to the deductible. Preventive medications covered at $0.
	Brand drugs	20% coinsurance after deductible	Not covered	All Rx costs apply to the deductible.
	Specialty drugs	30% coinsurance after deductible	Not covered	Specialty pharmacy required.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible	40% coinsurance after deductible	Prior authorization required.
	Physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible	None
If you need immediate medical attention	Emergency room care	20% coinsurance after deductible	20% coinsurance after deductible	None
	Urgent care	20% coinsurance after deductible	40% coinsurance after deductible	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance after deductible	40% coinsurance after deductible	Prior authorization required for non-emergency admissions.
	Physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% coinsurance after deductible	40% coinsurance after deductible	Telehealth mental health visits available at no cost.
	Inpatient services	20% coinsurance after deductible	40% coinsurance after deductible	Prior authorization required.
If you are pregnant	Office visits	No charge	40% coinsurance after deductible	Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	20% coinsurance after deductible	40% coinsurance after deductible	None
	Childbirth/delivery facility services	20% coinsurance after deductible	40% coinsurance after deductible	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

Cosmetic surgery • Dental care (Adult) • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Weight loss programs

Other Covered Services (Limitations may apply to these services.)

Acupuncture (12 visits/year) • Bariatric surgery • Chiropractic care (20 visits/year) • Hearing aids ($2,500 every 3 years) • Infertility treatment • Routine eye care (Adult, 1 exam/year)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. Contact your plan administrator for more information on your rights to continue coverage.