

**Pending Regulatory Approval**



# California toolkit

**Plans effective January 1, 2026**

For businesses with 1–100 full-time equivalents

Updated as of 08/29/25

Pending Regulatory Approval

[Aetna.com](https://www.aetna.com)

5529300-01-01-CA (07/25)



# Build sustainable, long-term health care solutions

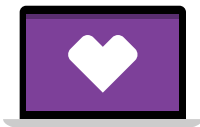
Aetna® medical products for small businesses

## Pending Regulatory Approval

**To build healthy communities and keep your business healthy, we offer a portfolio of benefit solutions and insurance that meets your needs.**

Your company is unique. You have your own culture, your own family of employees — and your own health care needs. Aetna can answer those unique needs with a wide selection of health benefits and insurance options. We have designed our medical, pharmacy and specialty benefits for the health of your company. Using a broad range of network, cost sharing and funding options, we can help map out a plan that works for you and your employees.

**This matrix is intended to be used to help you compare coverage benefits and is a summary only. The evidence of coverage and plan contract should be consulted for a detailed description of coverage benefits and limitations.**



Dental and vision information available at

<https://www.aetna.com/individuals-families/health-insurance-through-work.html>.

**Health/Dental benefits and health/dental insurance plans are offered and/or underwritten by Aetna Health of California Inc., Aetna Dental of California Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.**

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# Employer eligibility by rating area

**Employer eligibility is based on headquarter address**  
(as of 1/1/26 for new and renewing groups)

Product available to employer	Employer rating area																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
<b>HMO</b>															Y	Y	Y	Y	Y
<b>Aetna Value Network (AVN) HMO</b>															Y	Y	Y	Y	Y
<b>AWH Southern CA HMO</b>															Y	Y	Y	Y	Y
<b>OA Managed Choice POS (OAMC)</b>				Y		Y				Y	Y				Y	Y	Y	Y	Y
<b>Savings Plus OA Managed Choice POS (OAMC)</b>											Y				Y	Y	Y	Y	Y
<b>Open Choice PPO</b>				Y		Y				Y	Y				Y	Y	Y	Y	Y

- Aetna Small Group ACA is not available for employers located in Rating Areas 1, 2, 3, 5, 7, 8, 9, 12, 13, and 14.
- Employers in Rating Areas 4, 6 and 10 can only offer employees Aetna OAMC and PPO plans.
- Employers in Rating Area 11 can only offer employees Aetna OAMC, Savings Plus OAMC, and PPO plans.
- Employers in Rating Areas 15, 16, 17, 18, and 19 can offer all plans.

\*See underwriting guidelines for complete employer eligibility requirements.

# Network availability

## Networks available by county\*

Y = Network is available

P = Network is available in part of the rating area

\*Employer must have product available for employee to select, see [page 4](#) for employer eligibility.

County	Rating area	Full MC	Savings Plus MC	Full HMO	AVN HMO	AWH Southern CA HMO
Alpine	1	–	–	–	–	–
Amador	1	Y	–	–	–	–
Butte	1	Y	–	–	–	–
Calaveras	1	Y	–	–	–	–
Colusa	1	Y	–	–	–	–
Del Norte	1	Y	–	–	–	–
Glenn	1	Y	–	–	–	–
Humboldt	1	Y	–	–	–	–
Lake	1	Y	–	–	–	–
Lassen	1	Y	–	–	–	–
Mendocino	1	–	–	–	–	–
Modoc	1	Y	–	–	–	–
Nevada	1	Y	–	P	–	–
Plumas	1	Y	–	–	–	–
Shasta	1	Y	–	–	–	–
Sierra	1	–	–	–	–	–
Siskiyou	1	Y	–	–	–	–
Sutter	1	Y	–	–	–	–
Tehama	1	Y	–	–	–	–
Trinity	1	Y	–	–	–	–
Tuolumne	1	Y	–	–	–	–
Yuba	1	Y	–	–	–	–
Marin	2	Y	–	Y	–	–
Napa	2	Y	–	–	–	–
Solano	2	Y	–	P	–	–
Sonoma	2	Y	–	P	P	–
El Dorado	3	Y	–	P	–	–
Placer	3	Y	–	P	P	–
Sacramento	3	Y	–	Y	Y	–
Yolo	3	Y	–	Y	Y	–
San Francisco	4	Y	–	Y	Y	–
Contra Costa	5	Y	–	Y	P	–
Alameda	6	Y	–	Y	Y	–
Santa Clara	7	Y	–	Y	Y	–
San Mateo	8	Y	–	Y	P	–
Monterey	9	Y	–	–	–	–
San Benito	9	Y	–	–	–	–
Santa Cruz	9	Y	–	Y	Y	–

# Network availability

## Networks available by county\*

Y = Network is available

P = Network is available in part of the rating area

\*Employer must have product available for employee to select, see [page 4](#) for employer eligibility.

County	Rating area	Full MC	Savings Plus MC	Full HMO	AVN HMO	AWH Southern CA HMO
<b>Mariposa</b>	10	Y	–	–	–	–
<b>Merced</b>	10	Y	–	Y	–	–
<b>San Joaquin</b>	10	Y	–	P	P	–
<b>Stanislaus</b>	10	Y	–	Y	Y	–
<b>Tulare</b>	10	Y	–	P	–	–
<b>Fresno</b>	11	Y	Y	P	–	–
<b>Kings</b>	11	Y	–	Y	–	–
<b>Madera</b>	11	Y	–	P	–	–
<b>San Luis Obispo</b>	12	Y	–	Y	–	Y
<b>Santa Barbara</b>	12	Y	–	Y	–	Y
<b>Ventura</b>	12	Y	Y	Y	Y	P
<b>Imperial</b>	13	Y	–	–	–	–
<b>Inyo</b>	13	–	–	–	–	–
<b>Mono</b>	13	Y	–	–	–	–
<b>Kern</b>	14	Y	–	Y	P	P
<b>Los Angeles</b> (906–912, 915, 917, 918, and 935)	15	Y	Y	Y	P	Y
<b>Los Angeles</b> (all other)	16	Y	Y	Y	P	Y
<b>Riverside/San Bernardino</b>	17	Y	P	P	P	P
<b>Orange</b>	18	Y	Y	Y	Y	Y
<b>San Diego</b>	19	Y	Y	Y	P	P

# Network information

## Plans available by network

HMO plan/networks			
HMO plans*	Full HMO	AVN	AWH Southern CA
Platinum HMO \$20/30 0 M		•	•
Platinum HMO \$25/50 0	•	•	•
Gold HMO \$35/55 500	•	•	•
Gold HMO \$30/65 1250	•	•	•
Gold HMO \$35/70 0	•	•	•
Gold HMO \$35/55 250 M		•	•
Silver HMO \$50/90 0	•	•	•
Silver HMO \$55/90 2500 M		•	•
Silver HMO \$65/85 2100	•	•	•
Bronze HMO \$60/95 5800 M	•		
Bronze HMO \$85/125 8550	•		

MC plan/networks		
MC plans*	MC Open Access	Savings Plus
Platinum MC 90/50 0 M	•	
Platinum MC 80/50 250	•	
Gold MC 80/50 350 M	•	•
Gold MC 75/50 500	•	•
Gold MC 80/50 1000	•	•
Gold MC 80/50 1500	•	•
Gold MC 90/50 3400 HSA	•	•
Silver MC 60/50 2100	•	•
Silver MC 65/50 2500 M	•	•
Silver MC 65/50 2700	•	•
Bronze MC 60/50 6250	•	
Bronze MC 50/50 8300	•	•
Bronze MC 100 7200 HSA M	•	•

PPO plan	PPO plan/network
Gold PPO 80/50 1000	•
Silver PPO 60/50 2100	•

\*M = Covered California Mandated Benefit Plan. All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Plan mapping

## HMO plans

2025 available plans*	2026 available plans*
HMO Platinum CA \$20/40 0	HMO Platinum CA \$25/50 0
HMO Gold CA \$25/50 500	HMO Gold CA \$35/55 500
HMO Gold CA \$25/65 1250	HMO Gold CA \$30/65 1250
HMO Gold CA \$30/60 0	HMO Gold CA \$35/70 0
HMO Gold CA \$35/65 0	HMO Gold CA \$35/70 0
HMO Silver CA \$50/70 0	HMO Silver CA \$50/90 0
HMO Silver CA \$60/100 2500	HMO Silver CA \$65/85 2100
HMO Bronze CA \$60/95 5800 M	HMO Bronze CA \$60/95 5800 M
HMO Bronze CA \$75/125 8550	HMO Bronze CA \$85/125 8550
Aetna Value Network HMO Platinum CA \$20/30 0 M	Aetna Value Network HMO Platinum CA \$20/30 0 M
Aetna Value Network HMO Platinum CA \$20/40 0	Aetna Value Network HMO Platinum CA \$25/50 0
Aetna Value Network HMO Gold CA \$25/50 500	Aetna Value Network HMO Gold CA \$35/55 500
Aetna Value Network HMO Gold CA \$25/65 1250	Aetna Value Network HMO Gold CA \$30/65 1250
Aetna Value Network HMO Gold CA \$30/60 0	Aetna Value Network HMO Gold CA \$35/70 0
Aetna Value Network HMO Gold CA \$35/55 250 M	Aetna Value Network HMO Gold CA \$35/55 250 M
Aetna Value Network HMO Gold CA \$35/65 0	Aetna Value Network HMO Gold CA \$35/70 0
Aetna Value Network HMO Silver CA \$50/70 0	Aetna Value Network HMO Silver CA \$50/90 0
Aetna Value Network HMO Silver CA \$55/90 2500 M	Aetna Value Network HMO Silver CA \$55/90 2500 M
Aetna Value Network HMO Silver CA \$60/100 2500	Aetna Value Network HMO Silver CA \$65/85 2100
AWH Southern CA HMO Platinum CA \$20/30 0 M	AWH Southern CA HMO Platinum CA \$20/30 0 M
AWH Southern CA HMO Platinum CA \$20/40 0	AWH Southern CA HMO Platinum CA \$25/50 0
AWH Southern CA HMO Gold CA \$25/50 500	AWH Southern CA HMO Gold CA \$35/55 500
AWH Southern CA HMO Gold CA \$25/65 1250	AWH Southern CA HMO Gold CA \$30/65 1250
AWH Southern CA HMO Gold CA \$30/60 0	AWH Southern CA HMO Gold CA \$35/70 0
AWH Southern CA HMO Gold CA \$35/65 0	AWH Southern CA HMO Gold CA \$35/70 0
AWH Southern CA HMO Gold CA \$35/55 250 M	AWH Southern CA HMO Gold CA \$35/55 250 M
AWH Southern CA HMO Silver CA \$50/70 0	AWH Southern CA HMO Silver CA \$50/90 0
AWH Southern CA HMO Silver CA \$55/90 2500 M	AWH Southern CA HMO Silver CA \$55/90 2500 M
AWH Southern CA HMO Silver CA \$60/100 2500	AWH Southern CA HMO Silver CA \$65/85 2100

\*Suggested 2026 plans are most similar to the 2025 plan. Group may choose up to 10 plans from the 2026 portfolio.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.



# Plan mapping

## OAMC and PPO

2025 available plans*	2026 available plans*
OA Managed Choice POS Platinum CA 90/50 0 M	OA Managed Choice POS Platinum CA 90/50 0 M
OA Managed Choice POS Platinum CA 80/50 250	OA Managed Choice POS Platinum CA 80/50 250
OA Managed Choice POS Gold CA 80/50 350 M	OA Managed Choice POS Gold CA 80/50 350 M
OA Managed Choice POS Gold CA 75/50 500	OA Managed Choice POS Gold CA 75/50 500
OA Managed Choice POS Gold CA 70/50 1250	OA Managed Choice POS Gold CA 80/50 1500
OA Managed Choice POS Gold CA 80/50 1500	OA Managed Choice POS Gold CA 80/50 1500
OA Managed Choice POS Gold HDHP CA 90/50 3300 HSA	OA Managed Choice POS Gold HDHP CA 90/50 3400 HSA
OA Managed Choice POS Silver CA 60/50 2100	OA Managed Choice POS Silver CA 60/50 2100
OA Managed Choice POS Silver CA Plan 65/50 2500 M	OA Managed Choice POS Silver CA 65/50 2500 M
OA Managed Choice POS Silver CA 65/50 2600	OA Managed Choice POS Silver CA 65/50 2700
OA Managed Choice POS Bronze CA 50/50 8300	OA Managed Choice POS Bronze CA 50/50 8300
OA Managed Choice POS Bronze HDHP CA 100 6650 HSA M	OA Managed Choice POS Bronze HDHP CA 100 7200 HSA M
Savings Plus OA Managed Choice POS Platinum CA 90/50 0 M	OA Managed Choice POS Platinum CA 90/50 0 M
Savings Plus OA Managed Choice POS Platinum CA 80/50 250	OA Managed Choice POS Platinum CA 80/50 250
Savings Plus OA Managed Choice POS Gold CA 80/50 350 M	Savings Plus OA Managed Choice POS Gold CA 80/50 350 M
Savings Plus OA Managed Choice POS Gold CA 75/50 500	Savings Plus OA Managed Choice POS Gold CA 75/50 500
Savings Plus OA Managed Choice POS Gold CA 70/50 1250	Savings Plus OA Managed Choice POS Gold CA 80/50 1500
Savings Plus OA Managed Choice POS Gold CA 80/50 1500	Savings Plus OA Managed Choice POS Gold CA 80/50 1500
Savings Plus OA Managed Choice POS Gold HDHP CA 90/50 3300 HSA	Savings Plus OA Managed Choice POS Gold HDHP CA 90/50 3400 HSA
Savings Plus OA Managed Choice POS Silver CA 60/50 2100	Savings Plus OA Managed Choice POS Silver CA 60/50 2100
Savings Plus OA Managed Choice POS Silver CA Plan 65/50 2500 M	Savings Plus OA Managed Choice POS Silver CA 65/50 2500 M
Savings Plus OA Managed Choice POS Silver CA 65/50 2600	Savings Plus OA Managed Choice POS Silver CA 65/50 2700
Savings Plus OA Managed Choice POS Bronze CA 50/50 8300	Savings Plus OA Managed Choice POS Bronze CA 50/50 8300
Savings Plus OA Managed Choice POS Bronze HDHP CA 100 6650 HSA M	Savings Plus OA Managed Choice POS Bronze HDHP CA 100 7200 HSA M
Open Choice PPO Gold CA 80/50 1000	Open Choice PPO Gold CA 80/50 1000
Open Choice PPO Silver CA 60/50 2100	Open Choice PPO Silver CA 60/50 2100
Open Choice PPO Bronze CA 55/50 5500	Open Choice PPO Silver CA 60/50 2100
Open Choice PPO Bronze CA 50/50 8300	Open Choice PPO Silver CA 60/50 2100

\*Suggested 2026 plans are most similar to the 2025 plan. Group may choose up to 10 plans from the 2026 portfolio.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## HMO

Plan names	Aetna Value Network HMO Platinum CA \$20/30 0 M	HMO Platinum CA \$25/50 0
	AWH Southern CA HMO Platinum CA \$20/30 0 M	Aetna Value Network HMO Platinum CA \$25/50 0
	In network	In network
<b>Deductible</b> (Individual/Family)	\$0/\$0	\$0/\$0
<b>Out-of-pocket limit</b> (Individual/Family)	\$4,500/\$9,000	\$3,500/\$7,000
<b>Coinsurance</b>	10%	10%
<b>Primary care office visit</b>	\$20	\$25
<b>Specialist office visit</b>	\$30	\$50
<b>Mental health/chemical dependency</b> office visits	\$20	\$25
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$20	Covered in full DW/\$25
<b>Lab / X-ray</b>	\$20 /\$30	\$25 /\$25
<b>Imaging CT/PET scans / MRIs</b>	\$100	\$100
<b>Inpatient hospital</b>	\$250/d, days 1-5	\$400/d, days 1-3
<b>Outpatient surgery</b>	\$100	Freestanding facility \$250/Hospital \$300
<b>Emergency room</b>	\$150	\$250
<b>Ambulance</b>	\$150	\$250
<b>Urgent care</b>	\$20	\$50
<b>Home health care services</b>	\$20	\$50
<b>Durable medical equipment</b>	10%	10%
<b>Rehabilitation services (PT/OT/ST)</b>	\$20	\$50
<b>Chiropractic<sup>†</sup></b>	Not Covered	\$25
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0%	0%
<b>Pediatric dental basic<sup>††</sup></b>	20%	30%
<b>Pediatric dental major<sup>††</sup></b>	50%	50%
<b>Pediatric dental ortho<sup>††</sup></b>	50%	50%
<b>Pediatric vision exam<sup>††</sup></b>	0%	0%
<b>Pediatric vision hardware<sup>††</sup></b>	0%	0%
<b>Pharmacy<sup>**</sup></b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$5	\$5
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$20 /\$30	\$20 /\$50
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	10% up to \$250	30% up to \$250

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	HMO Gold CA \$30/65 1250	Aetna Value Network HMO Gold CA \$30/65 1250	Aetna Value Network HMO Gold CA \$35/55 250 M
	AWH Southern CA HMO Gold CA \$30/65 1250	AWH Southern CA HMO Gold CA \$35/55 250 M	
	In network	In network	
<b>Deductible</b> (Individual/Family)	\$1,250/\$2,500	\$250/\$500	
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,000/\$16,000	\$7,800/\$15,600	
<b>Coinsurance</b>	30%	0%	
<b>Primary care office visit</b>	\$30 DW	\$35 DW	
<b>Specialist office visit</b>	\$65 DW	\$55 DW	
<b>Mental health/chemical dependency office visits</b>	\$30 DW	\$35 DW	
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$30 DW	Covered in full DW/\$35 DW	
<b>Lab / X-ray</b>	\$30 DW/\$30 DW	\$35 DW/\$55 DW	
<b>Imaging CT/PET scans / MRIs</b>	\$125 DW	\$250 AD	
<b>Inpatient hospital</b>	30% AD	\$600/d, days 1-5 AD	
<b>Outpatient surgery</b>	30% AD	\$300 AD	
<b>Emergency room</b>	30% AD	\$250 AD	
<b>Ambulance</b>	30% AD	\$250 AD	
<b>Urgent care</b>	\$65 DW	\$35 DW	
<b>Home health care services</b>	30% AD	\$35 DW	
<b>Durable medical equipment</b>	30% AD	20% DW	
<b>Rehabilitation services (PT/OT/ST)</b>	\$65 DW	\$35 DW	
<b>Chiropractic<sup>†</sup></b>	\$30 DW	Not Covered	
<b>Other benefits</b>	In network	In network	
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% AD	0% DW	
<b>Pediatric dental basic<sup>††</sup></b>	30% AD	20% DW	
<b>Pediatric dental major<sup>††</sup></b>	50% AD	50% DW	
<b>Pediatric dental ortho<sup>††</sup></b>	50% AD	50% DW	
<b>Pediatric vision exam<sup>††</sup></b>	0% DW	0% DW	
<b>Pediatric vision hardware<sup>††</sup></b>	0% DW	0% DW	
<b>Pharmacy<sup>**</sup></b>	In network	In network	
<b>Pharmacy deductible</b> (Individual/Family)	\$250/\$500	None	
<b>Pharmacy</b> Preferred generic	\$15 DW	\$15	
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$45 AD/\$85 AD	\$40 /\$70	
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250	20% up to \$250	

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	HMO Gold CA \$35/55 500 Aetna Value Network HMO Gold CA \$35/55 500 AWH Southern CA HMO Gold CA \$35/55 500	HMO Gold CA \$35/70 0 Aetna Value Network HMO Gold CA \$35/70 0 AWH Southern CA HMO Gold CA \$35/70 0
	In network	In network
<b>Deductible</b> (Individual/Family)	\$500/\$1,000	\$0/\$0
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,200/\$16,400	\$7,800/\$15,600
<b>Coinsurance</b>	20%	20%
<b>Primary care office visit</b>	\$35 DW	\$35
<b>Specialist office visit</b>	\$55 DW	\$70
<b>Mental health/chemical dependency</b> office visits	\$35 DW	\$35
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$35 DW	Covered in full DW/\$35
<b>Lab / X-ray</b>	\$35 DW/\$55 DW	\$70 /\$70
<b>Imaging CT/PET scans / MRIs</b>	\$300 DW	\$250
<b>Inpatient hospital</b>	20% AD	\$750/d, days 1-5
<b>Outpatient surgery</b>	20% AD	Freestanding facility \$150 /Hospital \$300
<b>Emergency room</b>	\$500 AD	\$325
<b>Ambulance</b>	\$500 AD	\$325
<b>Urgent care</b>	\$55 DW	\$70
<b>Home health care services</b>	20% AD	\$70
<b>Durable medical equipment</b>	20% AD	20%
<b>Rehabilitation services (PT/OT/ST)</b>	\$55 DW	\$70
<b>Chiropractic†</b>	\$35 DW	\$35
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0%
<b>Pediatric dental basic</b> ††	30% AD	30%
<b>Pediatric dental major</b> ††	50% AD	50%
<b>Pediatric dental ortho</b> ††	50% AD	50%
<b>Pediatric vision exam</b> ††	0% DW	0%
<b>Pediatric vision hardware</b> ††	0% DW	0%
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$15	\$15
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$50 /\$80	\$50 /\$80
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250	30% up to \$250

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	HMO Silver CA \$50/90 0 Aetna Value Network HMO Silver CA \$50/90 0 AWH Southern CA HMO Silver CA \$50/90 0	Aetna Value Network HMO Silver CA \$55/90 2500 M AWH Southern CA HMO Silver CA \$55/90 2500 M
	In network	In network
<b>Deductible</b> (Individual/Family)	\$0/\$0	\$2,500/\$5,000
<b>Out-of-pocket limit</b> (Individual/Family)	\$9,200/\$18,400	\$8,750/\$17,500
<b>Coinsurance</b>	50%	35%
<b>Primary care office visit</b>	\$50	\$55 DW
<b>Specialist office visit</b>	\$90	\$90 DW
<b>Mental health/chemical dependency</b> office visits	\$50	\$55 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$50	Covered in full DW/\$55 DW
<b>Lab / X-ray</b>	\$50 /\$90	\$55 DW/\$90 DW
<b>Imaging CT/PET scans / MRIs</b>	50%	\$300 AD
<b>Inpatient hospital</b>	50%	35% AD
<b>Outpatient surgery</b>	50%	35% AD
<b>Emergency room</b>	50%	35% AD
<b>Ambulance</b>	50%	35% AD
<b>Urgent care</b>	\$90	\$55 DW
<b>Home health care services</b>	50%	\$45 DW
<b>Durable medical equipment</b>	50%	35% DW
<b>Rehabilitation services (PT/OT/ST)</b>	\$90	\$55 DW
<b>Chiropractic†</b>	\$35	Not Covered
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0%	0% DW
<b>Pediatric dental basic</b> ††	30%	20% DW
<b>Pediatric dental major</b> ††	50%	50% DW
<b>Pediatric dental ortho</b> ††	50%	50% DW
<b>Pediatric vision exam</b> ††	0%	0% DW
<b>Pediatric vision hardware</b> ††	0%	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$750/\$1,500	\$300/\$600
<b>Pharmacy</b> Preferred generic	\$25 DW	\$19 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	50% up to \$250 AD/50% up to \$250 AD	\$85 AD/\$110 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	50% up to \$250 AD	30% up to \$250 AD

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	HMO Silver CA \$65/85 2100 Aetna Value Network HMO Silver CA \$65/85 2100 AWH Southern CA HMO Silver CA \$65/85 2100	HMO Bronze CA \$60/95 5800
	In network	In network
<b>Deductible</b> (Individual/Family)	\$2,100/\$4,200	\$5,800/\$11,600
<b>Out-of-pocket limit</b> (Individual/Family)	\$9,100/\$18,200	\$9,800/\$19,600
<b>Coinsurance</b>	40%	40%
<b>Primary care office visit</b>	\$65 DW	\$60 DW
<b>Specialist office visit</b>	\$85 DW	\$95 DW/visits 1-3, \$95 AD/visits 4+
<b>Mental health/chemical dependency</b> office visits	\$65 DW	\$60 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$65 DW	Covered in full DW/\$60 DW
<b>Lab / X-ray</b>	\$65 DW/\$85 DW	\$50 DW/40% AD
<b>Imaging CT/PET scans / MRIs</b>	\$350 DW	40% AD
<b>Inpatient hospital</b>	40% AD	40% AD
<b>Outpatient surgery</b>	40% AD	40% AD
<b>Emergency room</b>	40% AD	40% AD
<b>Ambulance</b>	40% AD	40% AD
<b>Urgent care</b>	\$85 DW	\$60 DW
<b>Home health care services</b>	40% AD	40% AD
<b>Durable medical equipment</b>	40% AD	40% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$85 DW	\$60 DW
<b>Chiropractic†</b>	\$35 DW	Not Covered
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% DW
<b>Pediatric dental basic</b> ††	30% AD	20% DW
<b>Pediatric dental major</b> ††	50% AD	50% DW
<b>Pediatric dental ortho</b> ††	50% AD	50% DW
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$400/\$800	\$450/\$900
<b>Pharmacy</b> Preferred generic	\$20 DW	\$20 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$80 AD/\$125 AD	40% up to \$500 AD/40% up to \$500 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250 AD	40% up to \$500 AD

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## HMO (continued)

Plan names	HMO Bronze CA \$85/125 8550
	<b>In network</b>
<b>Deductible</b> (Individual/Family)	\$8,550/\$17,100
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,550/\$17,100
<b>Coinsurance</b>	0%
<b>Primary care office visit</b>	\$85 DW
<b>Specialist office visit</b>	\$125 DW
<b>Mental health/chemical dependency</b> office visits	\$85 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$85 DW
<b>Lab / X-ray</b>	\$125 DW/\$125 DW
<b>Imaging CT/PET scans / MRIs</b>	0% AD
<b>Inpatient hospital</b>	0% AD
<b>Outpatient surgery</b>	0% AD
<b>Emergency room</b>	0% AD
<b>Ambulance</b>	0% AD
<b>Urgent care</b>	\$125 DW
<b>Home health care services</b>	0% AD
<b>Durable medical equipment</b>	0% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$125 DW
<b>Chiropractic†</b>	\$35 DW
<b>Other benefits</b>	<b>In network</b>
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD
<b>Pediatric dental basic</b> ††	0% AD
<b>Pediatric dental major</b> ††	0% AD
<b>Pediatric dental ortho</b> ††	0% AD
<b>Pediatric vision exam</b> ††	0% DW
<b>Pediatric vision hardware</b> ††	0% DW
<b>Pharmacy**</b>	<b>In network</b>
<b>Pharmacy deductible</b> (Individual/Family)	None
<b>Pharmacy</b> Preferred generic	\$35 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	0% AD/0% AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	0% AD

\*\*\*††† See [Medical footnotes](#) on page 24.

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# Medical plans

## Open Access Managed Choice

Plan names	OA Managed Choice POS Platinum CA 90/50 0 M	OA Managed Choice POS Platinum CA 80/50 250
	In network	In network
<b>Deductible</b> (Individual/Family)	\$0/\$0	\$250/\$500
<b>Out-of-pocket limit</b> (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000
<b>Coinsurance</b>	10%	20%
<b>Primary care office visit</b>	\$15	\$20 DW
<b>Specialist office visit</b>	\$30	\$40 DW
<b>Mental health/chemical dependency</b> office visits	\$15	\$20 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$15	Covered in full DW/\$20 DW
<b>Lab / X-ray</b>	\$15 /\$30	20% AD/20% AD
<b>Imaging CT/PET scans / MRIs</b>	10%	20% AD
<b>Inpatient hospital</b>	10%	20% AD
<b>Outpatient surgery</b>	10%	20% AD
<b>Emergency room</b>	\$200	\$200+20% AD
<b>Ambulance</b>	\$150	\$200+20% AD
<b>Urgent care</b>	\$15	\$40 DW
<b>Home health care services</b>	10%	20% AD
<b>Durable medical equipment</b>	10%	20% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$15	\$40 DW
<b>Chiropractic<sup>†</sup></b>	Not Covered	\$40 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0%	0% AD
<b>Pediatric dental basic<sup>††</sup></b>	20%	30% AD
<b>Pediatric dental major<sup>††</sup></b>	50%	50% AD
<b>Pediatric dental ortho<sup>††</sup></b>	50%	50% AD
<b>Pediatric vision exam<sup>††</sup></b>	0%	0% DW
<b>Pediatric vision hardware<sup>††</sup></b>	0%	0% DW
<b>Pharmacy<sup>**</sup></b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$10	\$5
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$25 /\$40	\$35 /\$80
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	10% up to \$250	20% up to \$250

\*\*\*††† See [Medical footnotes](#) on page 24.

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# Medical plans

## Open Access Managed Choice (continued)

Plan names	OA Managed Choice POS Gold CA 80/50 350 M	OA Managed Choice POS Gold CA 75/50 500
	Savings Plus OA Managed Choice POS Gold CA 80/50 350 M	Savings Plus OA Managed Choice POS Gold CA 75/50 500
	In network	In network
<b>Deductible</b> (Individual/Family)	\$350/\$700	\$500/\$1,000
<b>Out-of-pocket limit</b> (Individual/Family)	\$7,800/\$15,600	\$8,500/\$17,000
<b>Coinsurance</b>	20%	25%
<b>Primary care office visit</b>	\$25 DW	\$35 DW
<b>Specialist office visit</b>	\$50 DW	\$65 DW
<b>Mental health/chemical dependency</b> office visits	\$25 DW	\$35 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$25 DW	Covered in full DW/\$35 DW
<b>Lab / X-ray</b>	\$25 DW/\$65 DW	25% DW/25% DW
<b>Imaging CT/PET scans / MRIs</b>	20% DW	25% AD
<b>Inpatient hospital</b>	20% AD	25% AD
<b>Outpatient surgery</b>	20% DW	25% AD
<b>Emergency room</b>	20% AD	25% AD
<b>Ambulance</b>	20% AD	25% AD
<b>Urgent care</b>	\$25 DW	\$65 DW
<b>Home health care services</b>	20% DW	25% AD
<b>Durable medical equipment</b>	20% DW	25% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$25 DW	\$65 DW
<b>Chiropractic<sup>†</sup></b>	Not Covered	\$65 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% DW	0% AD
<b>Pediatric dental basic<sup>††</sup></b>	20% DW	30% AD
<b>Pediatric dental major<sup>††</sup></b>	50% DW	50% AD
<b>Pediatric dental ortho<sup>††</sup></b>	50% DW	50% AD
<b>Pediatric vision exam<sup>††</sup></b>	0% DW	0% DW
<b>Pediatric vision hardware<sup>††</sup></b>	0% DW	0% DW
<b>Pharmacy<sup>**</sup></b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	\$300/\$600
<b>Pharmacy</b> Preferred generic	\$15	\$15 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$50 /\$80	\$55 AD/\$90 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	20% up to \$250	25% up to \$250 AD

\*\*\*††† See [Medical footnotes](#) on page 24.

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# Medical plans

## Open Access Managed Choice (continued)

Plan names	OA Managed Choice POS Gold CA 80/50 1000	OA Managed Choice POS Gold CA 80/50 1500
	Savings Plus OA Managed Choice POS Gold CA 80/50 1000	Savings Plus OA Managed Choice POS Gold CA 80/50 1500
	In network	In network
<b>Deductible</b> (Individual/Family)	\$1,000/\$2,000	\$1,500/\$3,000
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,200/\$16,400	\$7,900/\$15,800
<b>Coinsurance</b>	20%	20%
<b>Primary care office visit</b>	\$35 DW	\$25 DW
<b>Specialist office visit</b>	\$65 DW	\$45 DW
<b>Mental health/chemical dependency</b> office visits	\$35 DW	\$25 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$35 DW	Covered in full DW/\$25 DW
<b>Lab / X-ray</b>	20% AD/20% AD	20% AD/20% AD
<b>Imaging CT/PET scans / MRIs</b>	20% AD	20% AD
<b>Inpatient hospital</b>	20% AD	20% AD
<b>Outpatient surgery</b>	Freestanding facility 20% AD/Hospital 30% AD	20% AD
<b>Emergency room</b>	\$250+20% AD	20% AD
<b>Ambulance</b>	\$250+20% AD	20% AD
<b>Urgent care</b>	\$65 DW	\$45 DW
<b>Home health care services</b>	20% AD	20% AD
<b>Durable medical equipment</b>	20% AD	20% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$65 DW	\$45 DW
<b>Chiropractic†</b>	\$65 DW	\$45 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% AD
<b>Pediatric dental basic††</b>	30% AD	30% AD
<b>Pediatric dental major††</b>	50% AD	50% AD
<b>Pediatric dental ortho††</b>	50% AD	50% AD
<b>Pediatric vision exam††</b>	0% DW	0% DW
<b>Pediatric vision hardware††</b>	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$300/\$600	\$300/\$600
<b>Pharmacy</b> Preferred generic	\$15 DW	\$15 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$60 AD/\$100 AD	\$55 AD/\$80 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	20% up to \$250 AD	20% up to \$250 AD

\*\*\*††† See [Medical footnotes](#) on page 24.

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# Medical plans

## Open Access Managed Choice (continued)

Plan names	OA Managed Choice POS Gold HDHP CA 90/50 3400 HSA	OA Managed Choice POS Silver CA 60/50 2100
	Savings Plus OA Managed Choice POS Gold HDHP CA 90/50 3400 HSA	Savings Plus OA Managed Choice POS Silver CA 60/50 2100
	In network	In network
<b>Deductible</b> (Individual/Family)	\$3,400/\$6,800	\$2,100/\$4,200
<b>Out-of-pocket limit</b> (Individual/Family)	\$4,300/\$8,600	\$9,100/\$18,200
<b>Coinsurance</b>	10%	40%
<b>Primary care office visit</b>	10% AD	\$45 DW
<b>Specialist office visit</b>	10% AD	\$75 DW
<b>Mental health/chemical dependency</b> office visits	10% AD	\$45 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full AD/10% AD	Covered in full DW/\$45 DW
<b>Lab / X-ray</b>	10% AD/10% AD	\$55 DW/40% AD
<b>Imaging CT/PET scans / MRIs</b>	10% AD	40% AD
<b>Inpatient hospital</b>	10% AD	40% AD
<b>Outpatient surgery</b>	10% AD	Freestanding facility 40% AD/Hospital 50% AD
<b>Emergency room</b>	10% AD	40% AD
<b>Ambulance</b>	10% AD	40% AD
<b>Urgent care</b>	10% AD	\$75 DW
<b>Home health care services</b>	10% AD	40% AD
<b>Durable medical equipment</b>	10% AD	40% AD
<b>Rehabilitation services (PT/OT/ST)</b>	10% AD	\$75 DW
<b>Chiropractic<sup>†</sup></b>	10% AD	\$75 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% AD	0% AD
<b>Pediatric dental basic<sup>††</sup></b>	30% AD	30% AD
<b>Pediatric dental major<sup>††</sup></b>	50% AD	50% AD
<b>Pediatric dental ortho<sup>††</sup></b>	50% AD	50% AD
<b>Pediatric vision exam<sup>††</sup></b>	0% AD	0% DW
<b>Pediatric vision hardware<sup>††</sup></b>	0% AD	0% DW
<b>Pharmacy<sup>**</sup></b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	\$300/\$600
<b>Pharmacy</b> Preferred generic	10% up to \$250 AD	\$20 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	10% up to \$250 AD/10% up to \$250 AD	\$80 AD/\$120 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	10% up to \$250 AD	40% up to \$250 AD

\*\*\*††† See [Medical footnotes](#) on page 24.

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# Medical plans

## Open Access Managed Choice (continued)

Plan names	OA Managed Choice POS Silver CA 65/50 2500 M	OA Managed Choice POS Silver CA 65/50 2700
	Savings Plus OA Managed Choice POS Silver CA 65/50 2500 M	Savings Plus OA Managed Choice POS Silver CA 65/50 2700
	In network	In network
<b>Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$2,700/\$5,400
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,600/\$17,200	\$9,000/\$18,000
<b>Coinsurance</b>	35%	35%
<b>Primary care office visit</b>	\$55 DW	\$60 DW
<b>Specialist office visit</b>	\$90 DW	\$90 DW
<b>Mental health/chemical dependency</b> office visits	\$55 DW	\$60 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$55 DW	Covered in full DW/\$60 DW
<b>Lab / X-ray</b>	\$55 DW/\$90 DW	\$60 DW/\$90 DW
<b>Imaging CT/PET scans / MRIs</b>	35% AD	35% AD
<b>Inpatient hospital</b>	35% AD	35% AD
<b>Outpatient surgery</b>	35% AD	Freestanding facility 35% AD/Hospital 50% AD
<b>Emergency room</b>	35% AD	35% AD
<b>Ambulance</b>	35% AD	35% AD
<b>Urgent care</b>	\$55 DW	\$90 DW
<b>Home health care services</b>	35% DW	35% AD
<b>Durable medical equipment</b>	35% DW	35% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$55 DW	\$90 DW
<b>Chiropractic<sup>†</sup></b>	Not Covered	\$90 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic) <sup>††</sup>	0% DW	0% AD
<b>Pediatric dental basic<sup>††</sup></b>	20% DW	30% AD
<b>Pediatric dental major<sup>††</sup></b>	50% DW	50% AD
<b>Pediatric dental ortho<sup>††</sup></b>	50% DW	50% AD
<b>Pediatric vision exam<sup>††</sup></b>	0% DW	0% DW
<b>Pediatric vision hardware<sup>††</sup></b>	0% DW	0% DW
<b>Pharmacy<sup>**</sup></b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$300/\$600	\$250/\$500
<b>Pharmacy</b> Preferred generic	\$20 DW	\$15 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$75 AD/\$105 AD	\$75 AD/\$120 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	30% up to \$250 AD	30% up to \$250 AD

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## Open Access Managed Choice (continued)

Plan names	OA Managed Choice POS Bronze CA 60/50 6250	OA Managed Choice POS Bronze CA 50/50 8300 Savings Plus OA Managed Choice POS Bronze CA 50/50 8300
	In network	In network
<b>Deductible</b> (Individual/Family)	\$6,250/\$12,500	\$8,300/\$16,600
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,850/\$17,700	\$8,900/\$17,800
<b>Coinsurance</b>	40%	50%
<b>Primary care office visit</b>	\$60 DW	\$85 DW/visit 1, \$0 AD visits 2+
<b>Specialist office visit</b>	\$100 DW	\$95 AD
<b>Mental health/chemical dependency</b> office visits	\$60 DW	\$85 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$60 DW	Covered in full DW/\$85 DW
<b>Lab / X-ray</b>	\$60 DW/40% AD	\$85 DW/50% AD
<b>Imaging CT/PET scans / MRIs</b>	40% AD	50% AD
<b>Inpatient hospital</b>	40% AD	50% AD
<b>Outpatient surgery</b>	Freestanding facility 40% AD/Hospital 50% AD	50% AD
<b>Emergency room</b>	40% AD	50% AD
<b>Ambulance</b>	40% AD	50% AD
<b>Urgent care</b>	\$100 DW	\$95 DW
<b>Home health care services</b>	40% AD	50% AD
<b>Durable medical equipment</b>	40% AD	50% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$100 DW	\$95 AD
<b>Chiropractic†</b>	\$100 DW	\$95 AD
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% AD
<b>Pediatric dental basic††</b>	30% AD	30% AD
<b>Pediatric dental major††</b>	50% AD	50% AD
<b>Pediatric dental ortho††</b>	50% AD	50% AD
<b>Pediatric vision exam††</b>	0% DW	0% DW
<b>Pediatric vision hardware††</b>	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	None	None
<b>Pharmacy</b> Preferred generic	\$30 DW	\$30 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	40% up to \$500 AD/40% up to \$500 AD	\$100 AD/\$150 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	40% up to \$500 AD	50% up to \$500 AD

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## Open Access Managed Choice (continued)

Plan names	OA Managed Choice POS Bronze HDHP CA 100 7200 HSA
	Savings Plus OA Managed Choice POS Bronze HDHP CA 100 7200 HSA M
In network	
<b>Deductible</b> (Individual/Family)	\$7,200/\$14,400
<b>Out-of-pocket limit</b> (Individual/Family)	\$7,200/\$14,400
<b>Coinsurance</b>	0%
<b>Primary care office visit</b>	0% AD
<b>Specialist office visit</b>	0% AD
<b>Mental health/chemical dependency</b> office visits	0% AD
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full AD/0% AD
<b>Lab / X-ray</b>	0% AD/0% AD
<b>Imaging CT/PET scans / MRIs</b>	0% AD
<b>Inpatient hospital</b>	0% AD
<b>Outpatient surgery</b>	0% AD
<b>Emergency room</b>	0% AD
<b>Ambulance</b>	0% AD
<b>Urgent care</b>	0% AD
<b>Home health care services</b>	0% AD
<b>Durable medical equipment</b>	0% AD
<b>Rehabilitation services (PT/OT/ST)</b>	0% AD
<b>Chiropractic†</b>	Not Covered
<b>Other benefits</b>	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% DW
<b>Pediatric dental basic</b> ††	20% DW
<b>Pediatric dental major</b> ††	50% DW
<b>Pediatric dental ortho</b> ††	50% DW
<b>Pediatric vision exam</b> ††	0% DW
<b>Pediatric vision hardware</b> ††	0% DW
<b>Pharmacy**</b>	In network
<b>Pharmacy deductible</b> (Individual/Family)	None
<b>Pharmacy</b> Preferred generic	0% AD
<b>Pharmacy</b> Preferred brand / Non-preferred brand	0% AD/0% AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	0% AD

\*\*\*††† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical plans

## PPO

Plan names	Open Choice PPO Gold CA 80/50 1000	Open Choice PPO Silver CA 60/50 2100
	In network	In network
<b>Deductible</b> (Individual/Family)	\$1,000/\$2,000	\$2,100/\$4,200
<b>Out-of-pocket limit</b> (Individual/Family)	\$8,200/\$16,400	\$9,100/\$18,200
<b>Coinsurance</b>	20%	40%
<b>Primary care office visit</b>	\$35 DW	\$45 DW
<b>Specialist office visit</b>	\$65 DW	\$75 DW
<b>Mental health/chemical dependency</b> office visits	\$35 DW	\$45 DW
<b>Walk-in clinics*</b> (Designated walk-in clinics / All other network providers)	Covered in full DW/\$35 DW	Covered in full DW/\$45 DW
<b>Lab / X-ray</b>	20% AD/20% AD	\$55 DW/40% AD
<b>Imaging CT/PET scans / MRIs</b>	20% AD	40% AD
<b>Inpatient hospital</b>	20% AD	40% AD
<b>Outpatient surgery</b>	Freestanding facility 20% AD/Hospital 30% AD	Freestanding facility 40% AD/Hospital 50% AD
<b>Emergency room</b>	\$250+20% AD	40% AD
<b>Ambulance</b>	\$250+20% AD	40% AD
<b>Urgent care</b>	\$65 DW	\$75 DW
<b>Home health care services</b>	20% AD	40% AD
<b>Durable medical equipment</b>	20% AD	40% AD
<b>Rehabilitation services (PT/OT/ST)</b>	\$65 DW	\$75 DW
<b>Chiropractic†</b>	\$65 DW	\$75 DW
<b>Other benefits</b>	In network	In network
<b>Pediatric dental check-up</b> (preventive/diagnostic)††	0% AD	0% AD
<b>Pediatric dental basic</b> ††	30% AD	30% AD
<b>Pediatric dental major</b> ††	50% AD	50% AD
<b>Pediatric dental ortho</b> ††	50% AD	50% AD
<b>Pediatric vision exam</b> ††	0% DW	0% DW
<b>Pediatric vision hardware</b> ††	0% DW	0% DW
<b>Pharmacy**</b>	In network	In network
<b>Pharmacy deductible</b> (Individual/Family)	\$300/\$600	\$300/\$600
<b>Pharmacy</b> Preferred generic	\$15 DW	\$20 DW
<b>Pharmacy</b> Preferred brand / Non-preferred brand	\$60 AD/\$100 AD	\$80 AD/\$120 AD
<b>Pharmacy</b> Preferred specialty / Non-preferred specialty	20% up to \$250 AD	40% up to \$250 AD

\*,†,†† See [Medical footnotes](#) on page 24.

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium. Plans with the buy-up option include wINF in the plan name — see plan documents for details.

# Medical 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: To access specific Summary of Benefits and Coverage (SBC) documents, please go to [Aetna.com/sbcsearch/home](https://www.aetna.com/sbcsearch/home). For more information, please contact your licensed agent or Aetna Sales Representative.

## **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.

## **\*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 member's accumulators. For HMO based plans the cost difference penalty does apply to the member's accumulators. Plans include Maintenance Choice with opt out. For specific details, consult the Summary of Benefits and Coverage (SBC).

Note: To find prescription drug coverage, please go to [Aetna.com/individuals-families/find-a-medication.html](https://www.aetna.com/individuals-families/find-a-medication.html) and choose Aetna Health Exchange Plan - Small Group. Aetna Health Exchange Plan - Small Group has two formulary guides, California - HMO and California - OAMC, PPO. For more information, please contact your licensed agent or Aetna Sales Representative.

## **†Chiropractic/subluxation**

Services have a limit of **20** visits per calendar year. Benefit limits are not shared between rehabilitation and habilitation services.

## **††Vision and Dental services**

These plans do not cover all dental and vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent. Important Notes: This plan will cover 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year age 0-19.



# Limitations and exclusions

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

- All medical or hospital services not specifically covered or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Adult dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except as specified in the plan
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Weight reduction programs, or dietary supplements

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's network provider is coordinating care, the network provider will obtain the precertification. Precertification requirements may vary. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

If your plan covers outpatient prescription drugs, your plan includes a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step therapy, please refer to our website at [Aetna.com](https://www.aetna.com), or the Aetna Medication Formulary Guide. Aetna or its affiliate(s) receives rebates from drug manufacturers. Rebates may not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

## **You have more options with our network**

We're proud of the doctors and facilities in our network. And we're working with them to deliver more efficient health care. Our full network and tiered network options aim to lower employer costs while still providing employees with access to high quality care.

Savings come from using Aetna Whole Health<sup>SM</sup> network plans with high-quality local health care providers and facilities. These plans include financial incentives that drive doctors to improve quality and control costs. And we do our part by providing timely information that helps doctors and patients make more informed health care decisions.

## **We help your employees to make wise choices**

Our cost-sharing arrangements encourage employees to become more involved in their own health care. As a result, they become better health care consumers. Employees with these plans receive more preventive care, have lower overall costs and use online tools more frequently.

Consumer-directed plans offer lower premiums with optional fund or savings accounts. These accounts can help your employees pay for their own out-of-pocket expenses, helping to reduce costs for your company.

**Let Aetna help build a benefits plan that fits your culture and budget. To get started, call your Aetna representative or broker today.**

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).

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