



Healthier happens together[®]

Benefits designed for your
unique needs effective
January 1, 2026

Tracy Mitton

October 2025



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Aetna Concierge
Call 1-855-586-6958

Behavioral Health Support
Call 800-424-4047

Ask your Aetna Concierge

Get personalized support and the answers you need



**How can I find the
right specialist?**



**Is this covered
under my plan?**



**I have my diagnosis.
What do I do now?**

Aetna Medical Plan Changes Effective 1/1/2026

1. HRA 2 option will no longer be available.
2. No limits for physical, occupational or speech therapy.
1. Acupuncture will have a 12-visit limit per year.
2. Chiropractic will have a 40-visit limit per year.
3. HSA deductible for individual within a family will increase to \$3,400 based on IRS guideline.

Medical Plans for 2026

- HRA Option 1
- PPO Plan
- HSA Plan

Get the coverage you need with the Aetna Choice[®] PPO



**In-network and
out-of-network care**



Preventive care



No referrals required



**Preapproval for
some services**



**Lower out-of-pocket
costs for
in-network care**

Check the plan design and benefits summary for more information on coverage and costs.



What can you do during open enrollment?

1

Add or remove
eligible
dependents

2

Enroll or waive
enrollment in many
benefits plans

3

Change
benefits plans

Don't miss out
Key enrollment
information
you should know

Open enrollment is
10/14 – 10/24

Remember, you won't have the chance to enroll in your benefits plans again until the next annual enrollment period, unless you have a qualifying event during the year.

If you complete your open enrollment elections by 10/17, you will be entered into drawing for \$150 gift card!!



Paying for care

An overview of terms

Deductible

What is a deductible?

A deductible is the amount you pay out-of-pocket for covered services before your health plan kicks in or begins to pay for certain services.

The plan deductible resets every January 1st.

Cost Sharing

What is coinsurance?

Coinsurance is the percentage of the bill you pay after you meet your deductible.

What is copay?

Copays are flat fees for certain visits.

Out-of-Pocket Maximum

What is maximum out of pocket or payment limit?

The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the plan year.

Copays and deductibles accumulate toward meeting your out-of-pocket maximum.

Take care of yourself with preventive care

Stay healthy by taking advantage of your preventive care benefits. It's the ultimate self-care with no out-of-pocket costs.

Qualifying immunizations

Preventive care and screenings for infants, children and adolescents

Well-woman exams

In-network coverage

100%

100%

100%

Out-of-network coverage

Deductible + Coinsurance

Deductible + Coinsurance

Deductible + Coinsurance

Preventive Services (In-Network)

Get many checkups, screenings, vaccines, prenatal care services, contraceptives and more with no out-of-pocket costs **when you use a network provider.**

What is covered with no member cost sharing:

- Recommended vaccines for children
- Screening tests for some conditions
- Certain women's health services, including birth control (restrictions apply)
- Colorectal cancer screenings
- Routine physical
- Breast and Cervical cancer screenings
- Immunizations like Flu and Pneumonia



HRA Plan

AD = After Deductible
DW = Deductible Waived

Benefit Features	HRA Option 1	
	In-Network	Out-of-Network
HealthFund HRA Amount	\$1,000 Employee \$2,000 Employee + 1 Dependent \$3,000 Family	
Fund Administration	The HRA fund will pay full negotiated cost of covered services until exhausted. Once exhausted, you will be responsible for satisfying the remaining deductible and out-of-pocket maximum.	
Fund Rollover	Any remaining HealthFund HRA balance at the end of the year is rolled over into the next year's fund up to the fund maximum	
Fund Maximum	\$5,000 Employee \$10,000 Employee + 1 Dependent \$12,700 Family	
Eligible Fund Expenses	The HealthFund will pay for your deductible and coinsurance. Once you meet your deductible, your health plan provides coverage. If you have a balance in your HealthFund, it will pay your costs (i.e. your share of coinsurance) until you reach your out-of-pocket limit. It continues to do so until there are no HealthFund dollars left.	
Deductible per calendar year	\$2,500 Employee \$5,000 Employee + 1 Dependent \$7,000 Family	
Your Coinsurance after Deductible	20%	40%
Your Annual Out-of-Pocket Maximum	\$5,000 Employee \$10,000 Employee + 1 Dependent \$12,700 Family	

HRA Plan

AD = After Deductible
DW = Deductible Waived

Benefit Features	HRA Option 1	
	In-Network	Out-of-Network
Routine, Preventive Care	Covered 100%	40%, AD
Primary Care Office Visits	20%, AD	40%, AD
Specialist Office Visits	20%, AD	40%, AD
Urgent Care	20%, AD	40%, AD
Emergency Room	20%, AD	20%, AD
Lab and X-Ray	20%, AD	40%, AD
Complex Imaging	20%, AD	40%, AD
Inpatient Hospital	20%, AD	40%, AD
Outpatient Hospital	20%, AD	40%, AD



HRA Pharmacy Coverage with CVS

Pharmacy benefits to help you stay on track	HRA Option 1
Preferred Generic Drugs	\$10 copay
Preferred Brand-Name Drugs	\$30 copay
Non-Preferred Generic & Brand-Name Drugs	\$65 copay
Maintenance Medications with Maintenance Choice	One-Copay applies when you get a 90-day supply through a Maintenance Choice Pharmacy

PPO Plan

AD = After Deductible
DW = Deductible Waived

Benefit Features	PPO Plan	
	In-Network	Out-of-Network
Deductible	\$600 Employee \$1,200 EE + 1 \$1,800 Family	\$1,800 Employee \$3,600 EE + 1 \$5,400 Family
Coinsurance	20%, AD	40%, AD
Annual Out-of-Pocket Maximum	\$3,000 Employee \$6,000 EE + 1 \$9,000 Family	\$9,000 Employee \$18,000 EE + 1 \$27,000 Family
Deductible Application	Applies to certain services but does not apply to office visits or prescription medications No individual within the family will be subject to more than individual deductible/individual payment limit	



PPO Plan

AD = After Deductible
DW = Deductible Waived

Benefit Features	POS \$600	
	In-Network	Out-of-Network
Routine, Preventive Care	Covered 100%	40%, AD
Primary Care Office Visits	\$20 copay, DW	40%, AD
Specialist Office Visits	\$20 copay, DW	40%, AD
Urgent Care	20%, DW	40%, AD
Emergency Room	20%, DW	20%, AD
Lab and X-Ray	20%, AD	40%, AD
Complex Imaging	20%, AD	40%, AD
Inpatient Hospital	20%, AD	40%, AD
Outpatient Hospital	20%, AD	40%, AD



PPO Plan Pharmacy Coverage with CVS

Pharmacy benefits to help you stay on track	PPO Plan
Preferred Generic Drugs	\$10 copay
Preferred Brand-Name Drugs	\$30 copay
Non-Preferred Generic & Brand-Name Drugs	\$65 copay
Maintenance Medications with Maintenance Choice	One-Copay applies when you get a 90-day supply through a Maintenance Choice Pharmacy

Additional member cost share will apply if you use an out-of-network pharmacy.

Health Savings Account Medical Plan (HSA) Information

A Health Savings Account Medical Plan (HSA) can mean savings for you

Usually covers preventive care at 100%	Preventive care In-network covered at 100% Age/frequency limits may apply	
You pay 100% until you meet the deductible, then only pay part of the cost	Deductible	Out-of-pocket maximum
	Plan provisions kick in	
The plan pays 100% after you meet your out-of-pocket maximum	Plan pays	

Health Savings Account Medical Plan (HSA) Plan

AD = After Deductible
DW = Deductible Waived

Benefit Features	Health Savings Account Medical Plan (HSA)	
	In-Network	Out-of-Network
Deductible	\$1,800 Employee \$3,400 EE + 1 \$4,800 Family	\$1,800 Employee \$3,400 EE + 1 \$4,800 Family
Coinsurance	20%, AD	40%, AD
Annual Out-of-Pocket Maximum	\$3,400 Employee \$6,800 EE + 1 \$8,500 Family	\$3,400 Employee \$6,800 EE + 1 pr\$8,500 Family
Deductible Application	All covered services are subject to the deductible before the Aetna medical plan pays for covered services. Once your deductible has been met, you will be into plan coinsurance which is the cost sharing between you and Aetna after your deductible has been met for covered services. Certain routine, preventive care is covered at 100%, no deductible (restrictions may apply) <u>No individual within the family will be subject to more than \$3,400 deductible.</u>	

Health Savings Account Medical Plan (HSA) Plan

AD = After Deductible
DW = Deductible Waived

Benefit Features	Health Savings Account Medical Plan (HSA)	
	In-Network	Out-of-Network
Routine, Preventive Care	Covered 100%	40%, AD
Primary Care Office Visits	20%, AD	40%, AD
Specialist Office Visits	20%, AD	40%, AD
Urgent Care	20%, AD	40%, AD
Emergency Room	20%, AD	20%, AD
Lab and X-Ray	20%, AD	40%, AD
Complex Imaging	20%, AD	40%, AD
Inpatient Hospital	20%, AD	40%, AD
Outpatient Hospital	20%, AD	40%, AD



HSA Pharmacy Coverage with CVS

Pharmacy benefits to help you stay on track	Health Savings Account Medical Plan (HSA)
Medical Deductible Applies	Yes
Preferred Generic Drugs	<u>After Deductible</u> \$10 copay
Preferred Brand-Name Drugs	<u>After Deductible</u> \$30 copay
Non-Preferred Generic & Brand-Name Drugs	<u>After Deductible</u> \$65 copay
Maintenance Medications with Maintenance Choice	One-Copay applies when you get a 90-day supply through a Maintenance Choice Pharmacy
Deductible Waived for Certain Preventive Medications	Yes

Health Savings Accounts

**(Must be enrolled in the Health Savings
Account (HSA) Medical Plan)**

Your HSA* is yours to keep

- Your contributions are tax-free**
- Money earns interest, tax-free
- Money used on eligible expenses isn't taxed
- Money rolls over from year to year
- You choose how and when to use it
- You can invest with your HSA
- You own your HSA



*HSAs are currently not available to HMO members in California and Illinois.

**Alabama, California and New Jersey require you to pay state tax on HSA deposits.

HSA Contributions



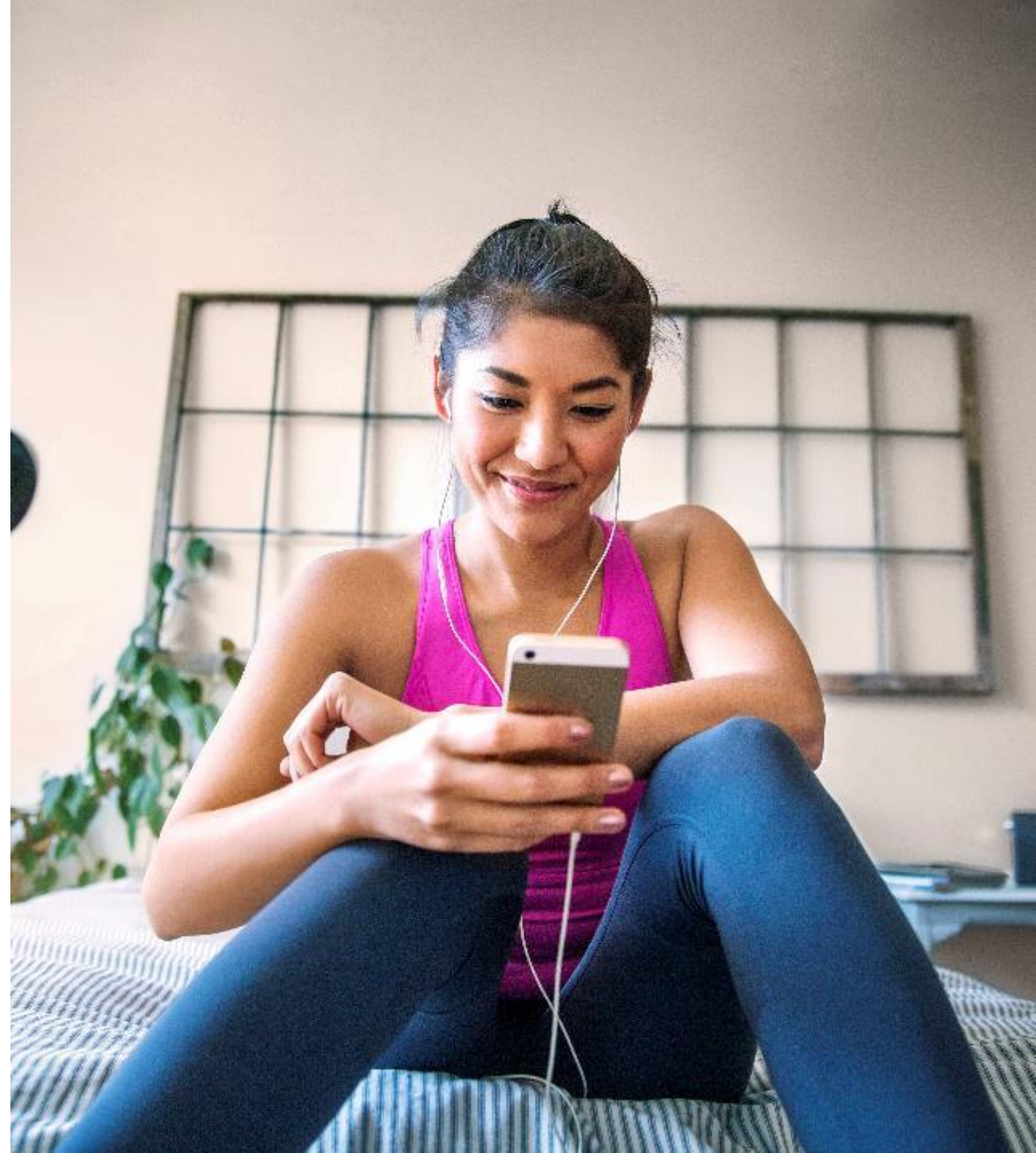
For eligible participants who enroll in the HSA plan,
Diversified will contribute to your HSA!

Coverage	HSA Contribution
Employee only coverage	\$500
Employee + 1 dependent	\$1,000
Family coverage	\$1,500

\$500 Bonus: Receive an extra \$500 employer contribution for enrolling & re-enrolling in the HSA Medical Plan in 2026!!!

Employer and employee contributions cannot exceed the IRS maximum contribution limits

Funds become available as they are deposited into your account





Annual IRS Allowed HSA Contribution Limits for 2026

- **\$4,400** if enrolled in the medical plan as employee only
- **\$8,750** if enrolled with dependents
- **\$1,000** catch-up contribution age 55+
- **These limits are combined with the contribution you receive from Diversified.**

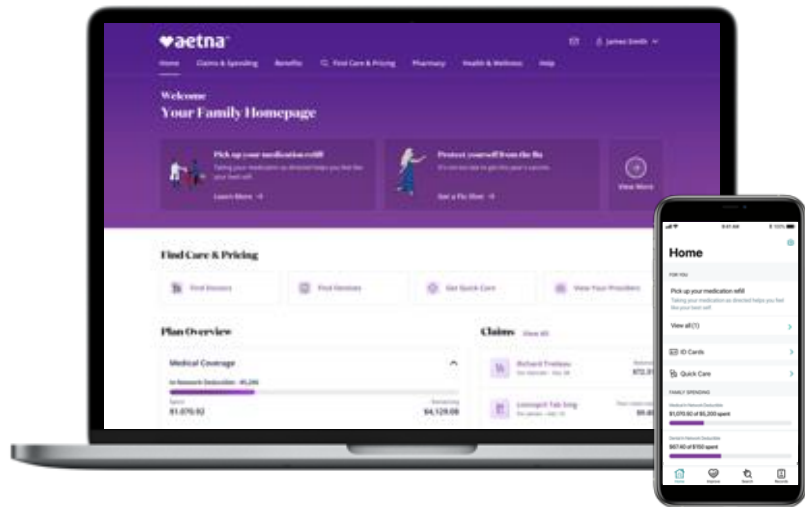
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App screens are a composite of real situations.
All names and other identifying information are fictional.



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A smarter, simpler, more convenient way to take charge of your health care and benefits



Manage your plan

- Check your plan summary for detailed information on what's covered by your plan.
- Track your spending and understand your progress toward meeting your individual and family deductibles.
- Easily access your digital ID card anytime.



Connect to care

- Use tools to help you choose quality, in-network and local providers, pharmacies and facilities, including convenient retail clinics and urgent care.
- Get cost estimates for visits and procedures before getting care.
- Talk to a doctor anytime by phone or video chat from home.



Improve your health

- Receive personalized reminders to improve your health.

24-Hour Nurse Line

Health information
is a phone call away

- Get information on a wide range of health and wellness topics
- Make better health care decisions
- Find out more about a medical test or procedure
- Get help preparing for a visit to your doctor
- Receive emails with links to videos related to your question or topic



Call **1-800-556-1555 (TTY: 711)****
or go to **Aetna.com** to log in.



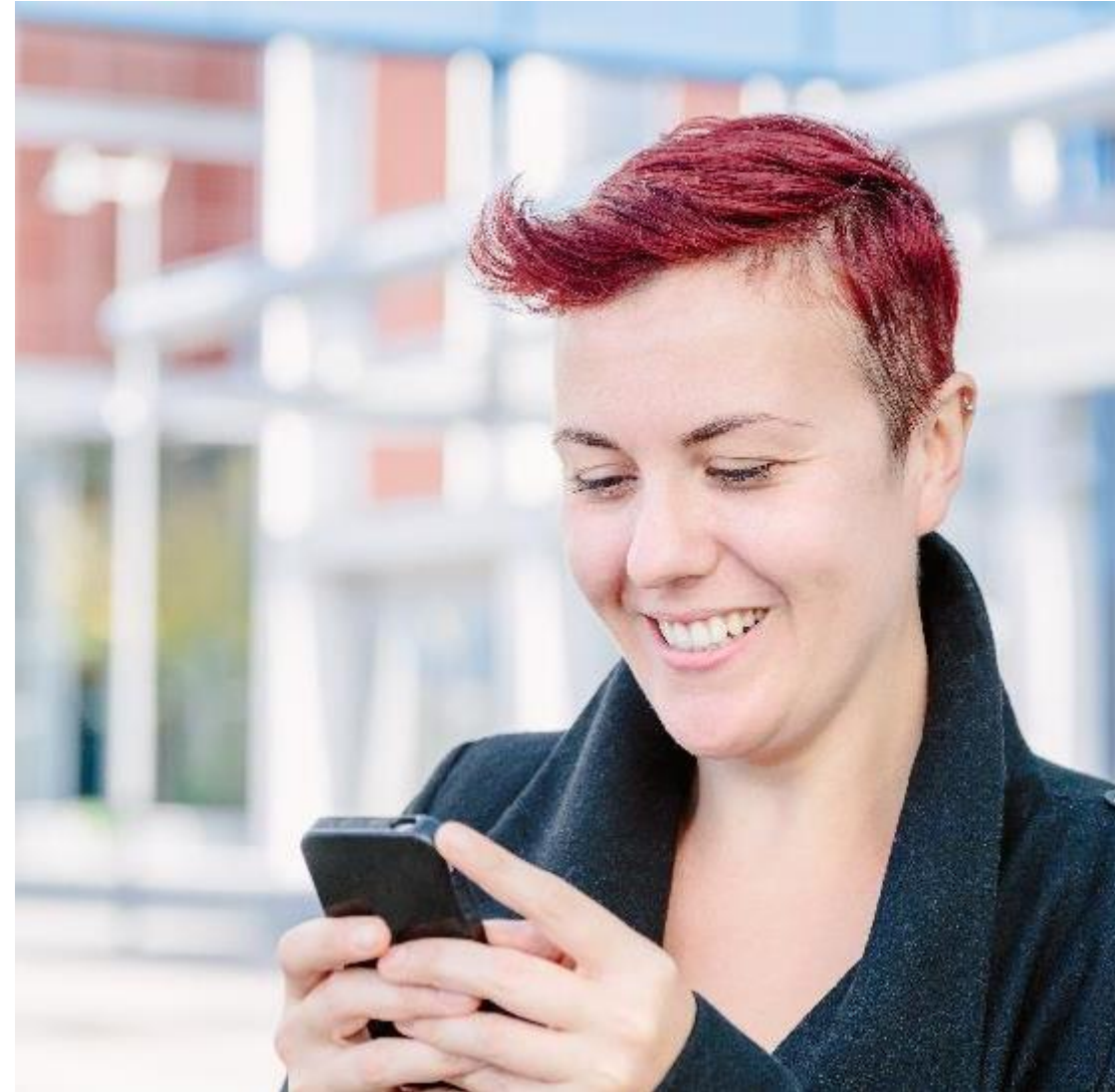
Connect with trusted health
information right here.

Key Features & How to Access the **Free** Resources for Living Services

- Services are available 24 hours a day, 7 days a week
- Available to employee & household members
- Available to all employees --whether or not covered by medical plan
- Call the toll-free number: **888-238-6232**
- **Up to 10 counseling sessions per problem per year—no cost to you!!**
- **100% Confidential**
- Access web resources through your member website www.resourcesforliving.com
 - **Username: divcom**
 - **Password: eap**
- Mobile app “Resources for Living”

All calls are confidential, except as required by law (i.e., when a person's emotional condition is a threat to himself/herself or others, or there is suspected abuse of a minor child, and in some areas, spousal or elder abuse). Information is believed to be accurate as of the production date; however, it is subject to change.

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Q & A

Thank you!



This material is for information only. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

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Policy forms issued in Idaho by Aetna Health of Utah Inc. include: HI ID GrpAg 05, HI SG HGrpAg 03.

Policy forms issued in Idaho by Aetna Life Insurance Company include: GR-29/GR-29N, AL HGrpPol 05, AL HGrpPol-Vision 01.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010, AL-HCOC-Dental PPO 04, AL HCOC-Dental CD04,AL HCOC Vision AVP01.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HgrpPol 04, AL HGrpPol-Vision 01, AL HGrpPol-Dental 01, DM HGrpAG-Dental 02.

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