

diversified

Healthier happens together®

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Senior Account Executive

Benefits Effective January 1, 2027

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Aetna Plans Being Offered in 2027

- HRA Option 1
- PPO $650
- HSA $3,500

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Choosing the right medical plan

Think about the full year, not just one cost.

1

Paycheck cost

How much will come out of each paycheck? You pay this premium even when you do not use medical services.

2

Expected care

Consider doctor visits, planned procedures, ongoing care and other services you may need in 2027.

3

Prescription needs

Review the medications you take and check whether they are on the Aetna Preventive Drug List.

4

HSA opportunity

An HSA-compatible plan may let you save for eligible expenses. Diversified will contribute to your HSA in 2027. $500 for single coverage or $1,000 for EE + 1 and up to $1,500 for family.

Compare your total annual cost

- **Annual premiums + deductible + copays + coinsurance − employer HSA contribution**

The lowest deductible is not automatically the lowest-cost choice for every member.

Review the plan comparison and choose the option that best fits your expected care and budget.

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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 **11/2 – 11/13**

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.

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Enroll anytime with a qualifying event

Qualifying events include:

- Marriage
- Divorce
- Birth of a child
- Legal separation
- Change in employment status
- Loss coverage
- Dependent eligibility
- Death

Be sure to tell human resources within 31 days of a qualifying event.



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Get the coverage you need

with the Aetna plans through Diversified



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.

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Understanding what you pay for care

Four terms that can help you compare your medical plan options

1 Deductible

What it means

The amount you pay for certain covered services before the plan begins sharing the cost.

Note

Your deductible resets every January 1st.

2 Copay

What it means

A fixed amount you pay for certain services, such as a doctor visit, urgent care visit or prescription.

Example

You may pay a set $25 copay for a covered office visit, based on your plan.

3 Coinsurance

What it means

A percentage of the cost you pay for a covered service, usually after meeting the deductible.

Example

With 10% coinsurance, you pay 10% of the allowed cost and the plan pays 90%.

4 Out-of-pocket maximum

What it means

The most you pay during the plan year for covered services.

What counts

Your deductible, copays and coinsurance count toward this limit. After you reach it, the plan pays 100% of covered services for the rest of the year.

Resets every January 1st.

Good to know: Eligible preventive care is covered at 100% with no deductible when you use in-network providers.

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Preventive care helps you stay on track

Most eligible preventive services are covered at no cost when you use an **in-network provider.**

Examples of covered preventive care

✓ **Annual checkups**	Routine physical exams and well-child visits
✓ **Screenings**	Certain cancer, blood pressure and other recommended screenings
✓ **Vaccines**	Recommended immunizations for adults and children
✓ **Women's preventive care**	Certain well-woman services and contraceptives; restrictions may apply

In-network preventive care: $0 member cost for eligible services



Preventive vs. diagnostic

A service may have a cost if it is used to diagnose, monitor or treat a condition, or if age and frequency guidelines are not met.

Ask the provider to confirm the visit will be billed as preventive.
Out-of-network cost sharing may apply. Refer to your benefit summary for complete coverage details.

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2027 Medical Plans: Cost at a Glance

Start here to compare how each plan shares costs with you.

	HRA Option 1 Employer-funded HRA pays first	**PPO Plan** Office visit copays	**HSA Plan** Deductible applies to most care
Employer-funded account	HRA: $1,000 Employee $2,000 EE + 1 $3,000 Family	—	—
Annual deductible	IN/OON $2,550 Employee $5,100 EE + 1 $7,100 Family	IN: $650 / $1,300 / $1,900 OON: $1,850 / $3,700 / $5,500	IN/OON $1,850 / $3,500 / $4,900
Your coinsurance	IN: 20% after deductible OON: 40% after deductible	IN: 20% after deductible OON: 40% after deductible	IN: 20% after deductible OON: 40% after deductible
Annual out-of-pocket maximum	IN/OON $5,100 / $10,200 / $12,900	IN: $3,100 / $6,200 / $9,200 OON: $9,100 / $18,200 / $27,200	IN/OON $3,500 / $7,000 / $8,700
How the deductible works	The HRA pays first. After it is exhausted, you pay toward the deductible.	Applies to certain services, but not office visits or prescriptions.	Applies to most covered services before the plan pays.

Coverage levels shown as Employee / Employee + 1 / Family unless otherwise noted.

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For comparison only. Refer to official plan documents for complete terms.

What You Pay for Common Medical Care

All three plans cover eligible in-network preventive care at 100%.

	HRA Option 1 Employer-funded HRA pays first	PPO Plan Office visit copays	HSA Plan Deductible applies to most care
Routine preventive care	IN: Covered 100% OON: 40% after deductible	IN: Covered 100% OON: 40% after deductible	IN: Covered 100% OON: 40% after deductible
Primary care visit	IN: 20% after deductible OON: 40% after deductible	IN: $20 copay, deductible waived OON: 40% after deductible	IN: 20% after deductible OON: 40% after deductible
Specialist visit	IN: 20% after deductible OON: 40% after deductible	IN: $20 copay, deductible waived OON: 40% after deductible	IN: 20% after deductible OON: 40% after deductible
Urgent care	IN: 20% after deductible OON: 40% after deductible	IN: 20%, deductible waived OON: 40% after deductible	IN: 20% after deductible OON: 40% after deductible
Emergency room	IN/OON: 20% after deductible	IN/OON: 20%, deductible waived	IN/OON: 20% after deductible
Hospital, labs & imaging	IN: 20% after deductible OON: 40% after deductible	IN: 20% after deductible OON: 40% after deductible	IN: 20% after deductible OON: 40% after deductible

Member tip: Using in-network providers generally results in lower cost sharing.

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Prescription Drugs and HRA Details

Understand when prescription copays apply and how the HRA can help with eligible costs.

	HRA Option 1 Employer-funded HRA pays first	PPO Plan Office visit copays	HSA Plan Deductible applies to most care
Medical deductible applies	No	No	Yes
Preferred generic	$10 copay	$10 copay	$10 copay after deductible
Preferred brand	$30 copay	$30 copay	$30 copay after deductible
Non-preferred generic & brand	$65 copay	$65 copay	$65 copay after deductible
90-day Maintenance Choice	One copay at a Maintenance Choice pharmacy	One copay at a Maintenance Choice pharmacy	One copay at a Maintenance Choice pharmacy

HRA rollover and maximum

Unused HRA funds roll over, up to: $5,000 Employee | $10,000 EE + 1 | $12,700 Family

Important pharmacy notes

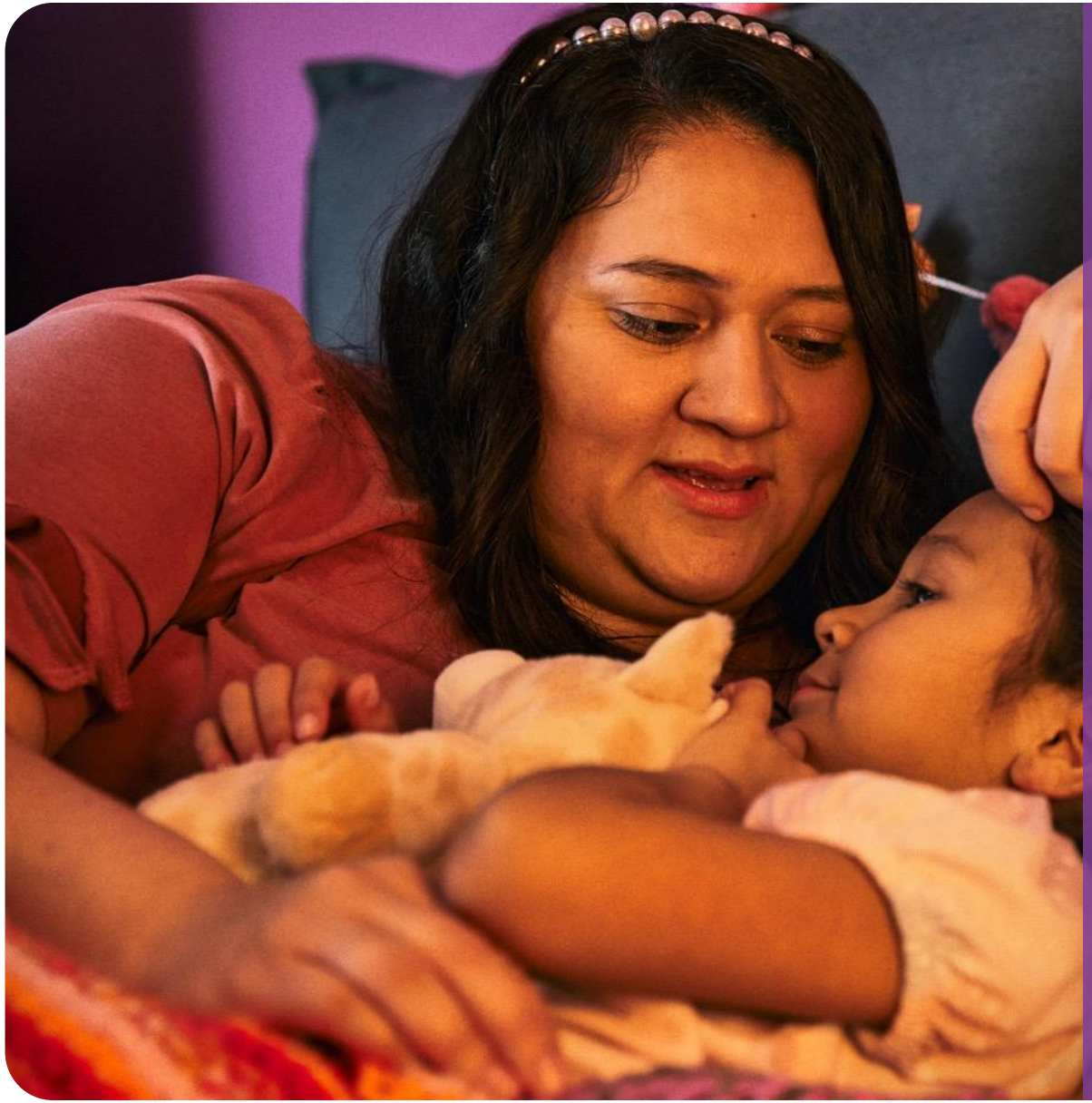
Certain preventive medications may have the HSA deductible waived. Additional member cost sharing may apply at out-of-network pharmacies.

EE + 1 = employee plus one dependent | IN = in-network | OON = out-of-network

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Ask your Aetna Concierge

Get personalized support and the answers you need.

- **Is this covered under my plan?**
- **I have my diagnosis. What do I do now?**
- **How can I find the right specialist?**
- **What are my maternity benefits?**

Aetna Concierge
Call 1-855-586-6958

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Health Savings Account Information

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.

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Annual IRS Allowed HSA Contribution Limits for 2027



- **$4,500** if enrolled in the medical plan as employee only
- **$9,000** if enrolled with dependents
- **$1,000** catch-up contribution age 55+
- **Limits are combined with the contribution you receive from Diversified.**

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HSA Contributions

For eligible participants who enroll in the $1,850 HSA plan, **Diversified** will contribute to your HSA!

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

Important Note:

Employer and employee contributions cannot exceed the IRS maximum contribution limits

Funds become available as they are deposited into your account



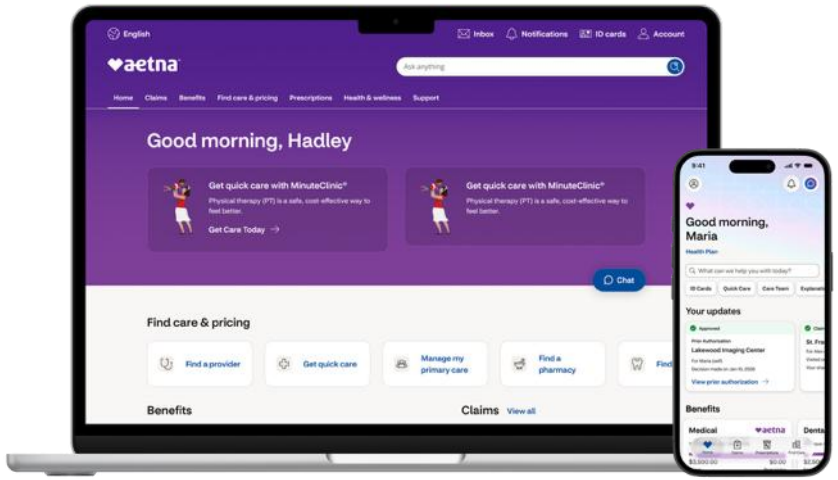
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Tools & Resources

The Aetna Health℠ app and website

Anytime, anywhere access to your benefits

Discover a convenient way to make the most of your health plan with the Aetna Health app and website. With simplified navigation and plain-language search, find the info, care and tools you need faster.



Download the Aetna Health app

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

Manage your benefits and health with:

Tools you'll use

View claims, track spending, find care, access your digital ID card, see what's covered, manage prescriptions and more.

Enhanced search results

Get personalized, easy-to-understand support and next-step recommendations based on your plan and preferences.

Quality provider recommendations

With Aetna Smart Compare®, find providers that have been recognized by the National Committee for Quality Assurance for delivering quality, cost-effective care.* Just look for the Quality & Effective Care badge in your provider search results.

24/7 support

Chat with a virtual agent when you need answers.

Tailored advice

Get tips based on your health needs and medical history.

*Where you get care is your choice. Search for a provider, or visit **Aetna.com** for a full list of providers.

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CVS® Flex Benefits Value Program

Enrolled employees get up to $220 per year on CVS® retail health and national brand wellness products

Covered employees get up to $220 to shop hundreds of CVS® retail wellness products.

We want it to be easier and more affordable for you to stay healthy. That's why you get **$55 every 3 months*** to use on CVS® retail health and national brand wellness products as part of your Aetna health plan.

The **Aetna Over-the-Counter Health Solution (OTCHS)** is a retail program that provides **covered employees** with a quarterly allowance for certain over-the-counter medical related items (ibuprofen, first aid supplies, allergy relief, etc.).

*FOR $55 EVERY 3 MONTHS: Only available in the USA. Allowance only available to employees enrolled in the plan for use each quarter on select CVS retail health and national brand wellness products. The quarterly rollover only applies to any portion of the $55 retail allowances remaining from the previous quarter; it does not include any allowance amount from two quarters prior. Quarters are Jan-Mar, Apr-Jun, Jul-Sep and Oct-Dec. Does not include CVS locations inside Target stores.



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24-Hour Nurse Line*

Health information is a phone call away

- Get info 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

Connect with trusted health information right here.



*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on a variety of health topics.
[3]Informed Health® Line 2024 Member Satisfaction Survey.

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Money-saving tips while you get healthy

- **Use urgent care centers** for nonemergency, after-hours care
- **Use your preventive benefits** — get recommended screenings and checkups
- **Consider using generic drugs,** if appropriate
- **Use cost estimating tools** on your member website to make smart choices

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Q&A

Thank you!



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Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan.

Discounts for non-covered dental services may not be available in all states. Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice. Vision insurance plans contain exclusions and limitations. Not all vision services are covered.
Discount vendors/providers are not agents of Aetna and are solely responsible for the products and services they provide. Discount offers are not guaranteed and may be ended at any time. Aetna may get a fee when you buy these discounted products and services.
Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations.

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For more information about Aetna plans, refer to **Aetna.com**.

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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