primed®

Healthier happens together®

Tracy Mitton
Senior Account Executive

Benefits Effective January 1, 2027

aetna®



Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2026 Aetna Inc. Confidential and proprietary.
7833038-01-01



Aetna Plans Being Offered in 2027

- HMO Plan
- HSA Plan

©2026 Aetna Inc. Confidential and proprietary.

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. Pri-Med 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.

©2026 Aetna Inc. Confidential and proprietary.
©2026 Aetna Inc. Confidential and proprietary.

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 **10/13 – 10/23**

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.

©2023 Aetna Inc.

aetna

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.



©2023 Aetna Inc.

Get the coverage you need
with the HMO Plan

(This plan has no out-of-network benefits)



In-network care ONLY



Preventive care



No referrals required



Preapproval for some services



You may have lower out-of-pocket costs when visiting your PCP

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

©2023 Aetna Inc.

Get the coverage you need
with the Aetna Choice® HSA Medical Plan



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.

©2023 Aetna Inc.

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.

©2023 Aetna Inc.

aetna

Preventive care helps you stay on track

Most eligible preventive services are covered at no cost when you use an **in-network provider.** **There is no out-of-network coverage if you enroll in the HMO plan.**

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.

©2023 Aetna Inc.

Medical plan comparison

HMO: predictable copays

HSA: deductible + coinsurance

A side-by-side look at how the HMO and HSA plans share costs

Benefit feature	HMO In-network	HSA In-network	HSA Out-of-network
Deductible	$800 individual $1,600 family	$1,850 employee $3,500 EE + 1 $4,900 family	Same as in-network
Coinsurance	10% AD	20% AD	40% AD
Annual out-of-pocket maximum	$5,500 individual $11,100 family	$3,500 employee $7,000 EE + 1 $8,700 family	Same as in-network
Routine preventive care	**Covered 100%**	**Covered 100%**	40% AD
Primary care visit	$20 copay, DW	20% AD	40% AD
Specialist / urgent care	$35 copay, DW	20% AD	40% AD
Emergency room	$150 copay, DW	20% AD	20% AD
Lab, imaging and hospital	10% AD	20% AD	40% AD

Key distinction The HMO uses copays for common visits and does not cover routine out-of-network care. The HSA plan generally applies the deductible first, then coinsurance.

©2023 Aetna Inc.

Benefits shown are a high-level summary. Refer to plan documents for full terms and limitations.

aetna

AD = After Deductible | DW = Deductible Waived

Pharmacy coverage and key takeaways

The same drug copays apply, but the timing of member cost differs

Prescription drug comparison

Pharmacy feature	HMO	HSA
Medical deductible applies	No	Yes
Preferred generic	$10 copay	$10 copay AD
Preferred brand	$30 copay	$30 copay AD
Non-preferred generic & brand	$75 copay	$75 copay AD
Preventive medication exception	Not specified	Deductible waived for certain preventive medications
Pharmacy out-of-pocket maximum	$1,200 individual $2,400 family	Not specified in source summary
90-day Maintenance Choice	One copay	One copay

Out-of-network pharmacy use may result in additional member cost. The HMO has no out-of-network coverage.

What to consider

UPFRONT COSTS

HMO: common visits use copays.
HSA: most services apply to the deductible first.

PROVIDER FLEXIBILITY

HMO: no out-of-network coverage except ER
HSA: out-of-network benefits are available at higher cost.

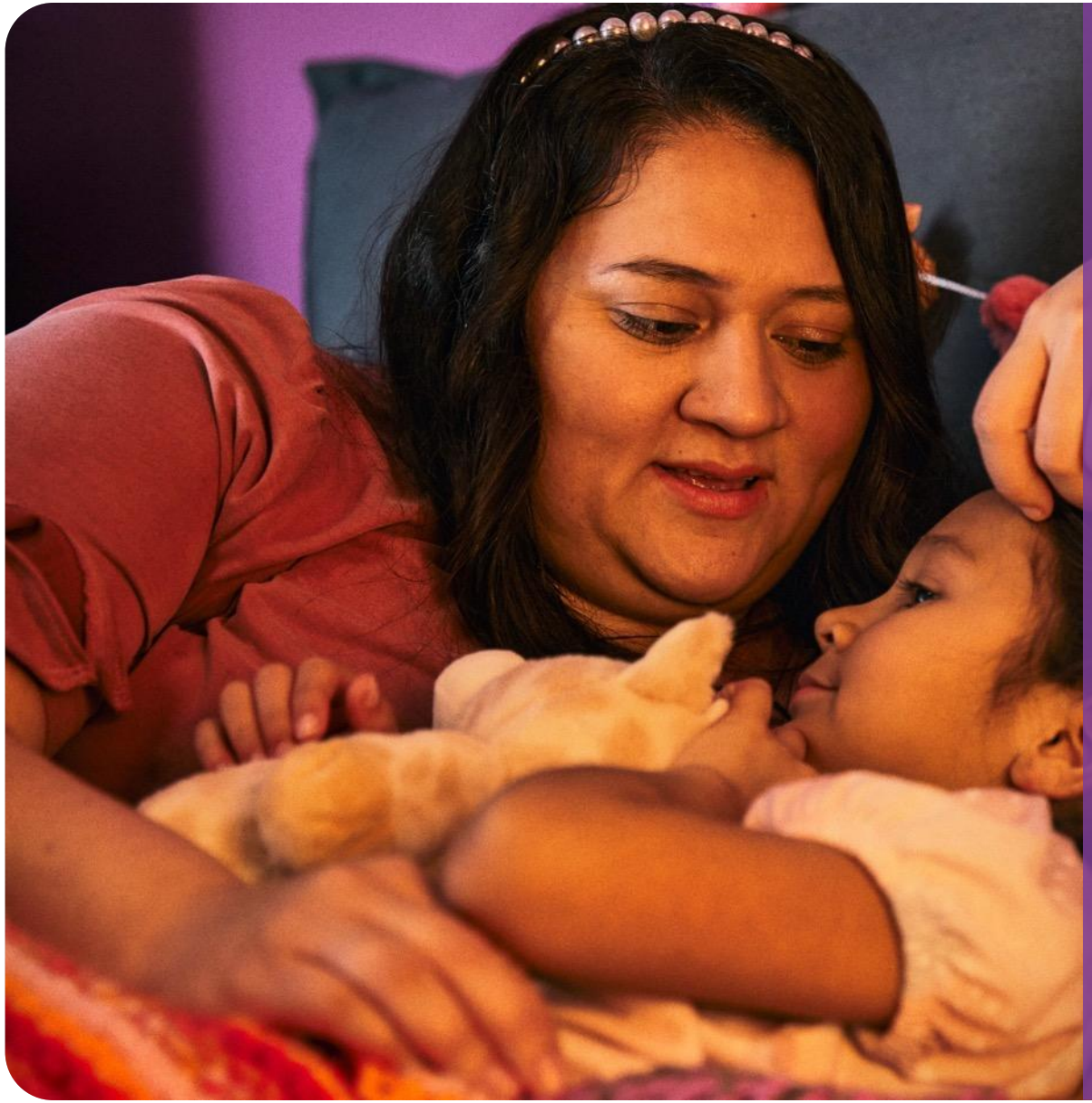
PRESCRIPTIONS

HMO: copays apply without the medical deductible.
HSA: deductible applies before copays, except certain preventive medications.

Choose based on expected care, provider needs and budget.

©2023 Aetna Inc.
Benefits shown are a high-level summary. Refer to plan documents for full terms and limitations.

AD = After Deductible | DW = Deductible Waived



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

©2026 Aetna Inc. Confidential and proprietary.

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.

©2026 Aetna Inc. Confidential and proprietary.

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 Pri-Med.**

©2026 Aetna Inc. Confidential and proprietary.

HSA Contributions

For eligible participants who enroll in the $1,850 HSA plan, **Pri-Med** 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



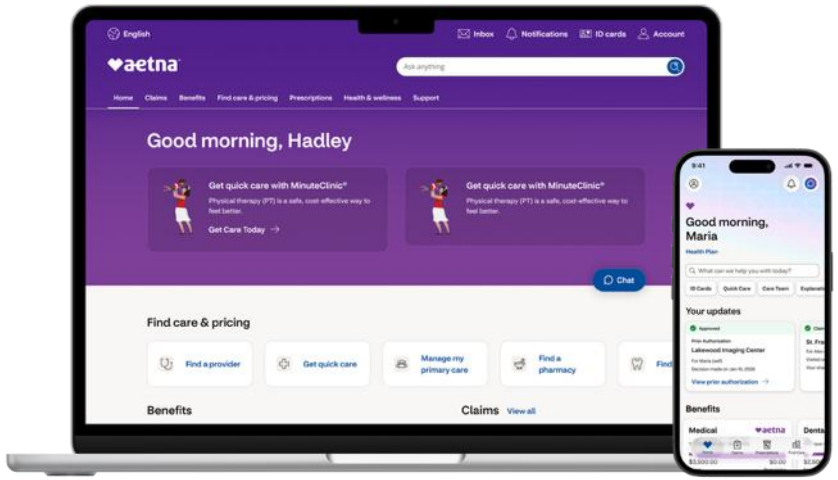
©2026 Aetna Inc. Confidential and proprietary.

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.

©2026 Aetna Inc. Confidential and proprietary.

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.



©2026 Aetna Inc. Confidential and proprietary.

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.

©2026 Aetna Inc. Confidential and proprietary.



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

©2026 Aetna Inc. Confidential and proprietary.

Q&A

Thank you!



aetna®


aetna®

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.

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.

Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

©2022 Teladoc, Inc. All rights reserved. Teladoc® is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. Visit **Teladoc.com/Aetna** for a complete description of the limitations of Teladoc services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

Information is believed to be accurate as of the production date; however, it is subject to change.

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**.**

 ©2026 Aetna Inc. Confidential and proprietary.