

## Aetna Choice Plus 2021 Medical Options-At-A-Glance

	Traditional Choice Plus		Savings Plus HSA		Basic Plus
	In-Network	Out-of-Network (1)	In-Network	Out-of-Network (1)	In-Network Only
<b>Annual Deductible</b>	Individual deductible applies for each family member		<b>Associates covering a dependent must meet the entire family deductible before medical and pharmacy benefits pay coinsurance</b>		Individual deductible applies for each family member <b>Automatically bundled with Hospital Indemnity Insurance (7)</b>
<b>Per Person/Family</b>	\$900 / \$2,000	\$1,400 / \$3,000	\$1,800 / \$4,200	\$2,500 / \$5,800	\$4,000 / \$8,000
<b>Annual Out-of-Pocket Limit</b> (Includes deductible. Does not include out-of-network amounts over the recognized charge.) In-network & out-of-network limits are separate					
<b>Per Person/Family</b>	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,900 / \$7,050	\$7,800 / \$15,600	\$4,000 / \$8,000
<b>Office Visit – PCP / Specialist</b> (not subject to deductible) – For illness or injury	\$25/\$45 no deductible	60% deductible applies	80% after deductible	60% deductible applies	\$25/\$50 no deductible
Charges for other eligible medical services during the visit are subject to deductible & coinsurance	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible
<b>Mental Health Benefits</b>					
Outpatient	\$25 co-pay (no deductible)	60% after deductible	80% after deductible	60% after deductible	\$25 co-pay (no deductible)
Inpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible
<b>Inpatient Hospital/Emergency Room</b> <b>Hospital-based providers</b>	\$200 ER copay plus 80% after deductible ER copay waived if admitted	\$200 ER copay plus 60% after deductible (for inpatient) ER 80% after deductible copay waived if admitted	80% after deductible	60% after deductible (ER 80% after deductible)	100% after deductible
<b>Urgent Care Centers</b>	\$45 copay (no deductible)	60% after deductible	80% after deductible	60% after deductible	\$50 copay (no deductible)
<b>Physical, Speech and Occupational Therapy (2)</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible
<b>Chiropractor</b>	80% after deductible up to a maximum benefit of \$2,500 per calendar year	60% after deductible up to a maximum benefit of \$2,500 per calendar year	80% after deductible up to a maximum benefit of \$2,500 per calendar year	60% after deductible up to a maximum benefit of \$2,500 per calendar year	\$50 copay, no deductible up to a maximum benefit of \$2,500 per calendar year
<b>X-Ray / Lab</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible

		Traditional Choice Plus		Savings Plus HSA		Basic Plus
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Preventive Care (3)</b>		100% no deductible	60%	100% no deductible	60%	100% no deductible
<b>Prescription Drugs (Express Scripts)</b>		No Rx Deductible/ Separate Rx Out-of-Pocket Maximum \$3,750/\$7,500		Combined with Medical Deductible and Out-of-Pocket Maximum		Combined with Medical Deductible and Out-of-Pocket Maximum
<b>Preventive Medications</b>		ACA preventive medications will be covered at 100%,		ACA preventive medications will be covered at 100%, no deductible and the following schedule applies to certain other preventive medications before the deductible. For all other prescriptions, the chart below will apply once your deductible under the SavingsPlus HSA Plan has been satisfied.	ACA preventive medications will be covered at 100%,	
		<b>Plan payment based on cost of generic when available (4)</b>				
<b>Retail – Up to a 30-day supply</b>	<b>Generic</b>	You Pay 30% of the prescription drug's total cost Minimum: \$15, Maximum: \$60		You Pay 30% of the prescription drug's total cost Minimum: \$15, Maximum: \$60		\$10, no deductible
	<b>Preferred</b>	You Pay 30% of the prescription drug's total cost Minimum: \$45, Maximum: \$120		You Pay 30% of the prescription drug's total cost Minimum: \$45, Maximum: \$120		You Pay 0% (after deductible)
	<b>Non-Preferred</b>	You Pay 50% of the prescription drug's total cost Minimum: \$70, Maximum: \$180		You Pay 50% of the prescription drug's total cost Minimum: \$70, Maximum: \$180		You Pay 0% (after deductible)
<b>Mail Order network pharmacy – Up to a 90-day supply</b>	<b>Generic</b>	You Pay 30% of the prescription drug's total cost Minimum: \$30, Maximum: \$120		You Pay 30% of the prescription drug's total cost Minimum: \$30, Maximum: \$120		\$25, no deductible
	<b>Preferred (4)</b>	You Pay 30% of the prescription drug's total cost Minimum: \$90 Maximum: \$240		You Pay 30% of the prescription drug's total cost Minimum: \$90 Maximum: \$240		You Pay 0% (after deductible)
	<b>Non-Preferred (4)</b>	You Pay 50% of the prescription drug's total cost Minimum: \$175, Maximum: \$450		You Pay 50% of the prescription drug's total cost Minimum: \$175, Maximum: \$450		You Pay 0% (after deductible)
<b>Bi-Weekly Associate Contributions (5)(6)</b>						Rates shown include bundled Hospital Indemnity (7)
Associate Only		\$86.31		\$44.77		\$33.34
Associate + One		\$194.77		\$98.31		\$72.91
Family		\$332.31		\$183.23		\$132.09
<b>Monthly Associate Contributions (5)(6)</b>						
Associate Only		\$187		\$97		\$72.23
Associate + One		\$422		\$213		\$157.98
Family		\$720		\$397		\$286.19

- 1) Eligible expenses when you use out-of-network providers (Traditional Choice Plus and SavingsPlus plans only) are covered at 250% of the Medicare allowed rate. The Medicare allowed rate is the charge that the Center for Medicare/Medicaid Services (CMS) establishes as the eligible cost for services. When you use out-of-network providers, you will continue to pay your portion of coinsurance (after you meet the deductible) plus any amount above what is covered.
- 2) Subject to medical review after 25 visits.
- 3) Preventive care services provided on an outpatient basis at a Physician's office, an Alternate Facility or a Hospital encompass medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and include the following as required under applicable law:
  - evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
  - immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
  - with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
  - with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration, including the expanded women's preventive services, which includes, among other items, breast feeding support, supplies and counseling.
- 4) If you purchase a brand name medication when a generic equivalent is available, you will pay your **generic co-payment plus the cost difference between the brand (preferred or non-preferred) name and generic medication**. The difference will not count towards your out-of-pocket maximum.
- 5) Broadridge imposes a surcharge, over and above your Aetna options in the Medical Plan (the "Plan") contribution amount, if your spouse is eligible for medical coverage from his or her employer, and you elect to cover your spouse under the Plan. During the benefits enrollment process you were/or will be required to complete an affidavit as to whether or not your spouse is eligible for medical coverage through his or her employer. If you checked yes, your spouse is eligible for medical coverage through his or her employer, the spousal surcharge will automatically apply to your per pay period Plan contribution amount on a pre-tax basis. Broadridge also imposes a surcharge for those who use tobacco. Please refer to the Tobacco Free Policy on the "My Benefits Enrollment" tab on the Broadridge Total Rewards website under "Benefit Plan Information" for more information.
- 6) Participants that completed all required points/activities for the Healthyroads Wellness program by June 30, 2020 are eligible for reduced 2020 premiums (if enrolled in a medical plan option in 2020 – the final year). Monthly premiums are reduced by \$25 for each eligible participant (associates and enrolled spouses/domestic partners) that complete the Wellness program requirements. This program was discontinued effective July 1, 2020. See [HR Connect > Healthyroads](#) for more information.
- 7) Rates shown include bundled Hospital Indemnity – deductions taken separately in your pay on an after-tax basis

### Special features of your Plan:

- If you purchase a brand-name (preferred or non-preferred) medication when a generic equivalent is available, you will pay your **generic co-payment plus the cost difference between the brand name and generic medication**. The difference will not count towards your out-of-pocket maximum.
- Some drugs are subject to prior authorization rules. Your doctor may be required to provide additional information before prescriptions for these medications can be filled.
- Long-term (maintenance) drugs are subject to higher member cost-share if purchased at retail instead of mail.
- MinuteClinic services will be provided at no cost share. For the SavingsPlus plan, your deductible must first be met before services are provided at no cost share. Go to <https://www.cvs.com/minuteclinic/services> to review available services.

### Traditional Passive PPO and Savings Passive PPO

The Passive PPO Options are only available to associates who reside outside of the Aetna Choice Plus managed care service areas or who are traveling out of the country. Passive benefits are available through Aetna only. Under the Aetna Passive PPO options, out-of-network benefits are paid at a higher level than the standard managed plan benefits (80% coinsurance vs. 60%). The deductible and out-of-pocket maximums are the same as the network benefit levels.

To determine your Plan eligibility, log on to [www.totalrewards.broadridge.com](http://www.totalrewards.broadridge.com) with your Single Sign-On (SSO) credentials. You can contact the Broadridge Benefits Service Center at **1-877-869-5182** for assistance.