

Colorado Supplement to the Summary of Benefits and Coverage Form

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| <b>INSURANCE COMPANY NAME</b>                       | Aetna Life Insurance Company           |
| <b>NAME OF PLAN</b>                                 | OA Managed Choice® POS HDHP            |
| <b>1. Type of Policy</b>                            | Large Employer Group Policy            |
| <b>2. Type of Plan</b>                              | Point of service (POS)                 |
| <b>3. Areas of Colorado Where Plan is Available</b> | Plan is available throughout Colorado. |

**SUPPLEMENTAL INFORMATION REGARDING BENEFITS**

**Important Note:** The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. It provides additional information meant to supplement the Summary of Benefits and Coverage you have received for this plan. This plan may exclude coverage for certain treatments, diagnoses, or services not specifically noted. Consult the actual policy to determine the exact terms and conditions of coverage.

|   | <b>Description</b>   |
|---|--|
| <b>4. Annual Deductible Type</b>                                    | <p><b>EMBEDDED DEDUCTIBLE</b></p> <p>INDIVIDUAL: The amount that each member of the family must meet prior to claims being paid. Claims will not be paid for any other individual until their individual deductible or the family deductible has been met.</p> <p>FAMILY: The maximum amount that the family will pay for the year. The family deductible can be met by 2 or more individuals.</p>                             |
| <b>5. Out-of-Pocket Type</b>  | <p><b>EMBEDDED OUT-OF-POCKET</b></p> <p>INDIVIDUAL: The amount that each member of the family must meet prior to claims being paid at 100%. Claims will not be paid at 100% for any other individual until their individual out-of-pocket or the family out-of-pocket has been met.</p> <p>FAMILY: The maximum amount that the family will pay for the year. The family out-of-pocket can be met by 2 or more individuals.</p> |
| <b>6. What is included in the In-Network Out-of-Pocket Maximum?</b> | Deductible, copayments, coinsurance  |
| <b>7. Is pediatric dental coverage included in this plan?</b>       | No, the plan does not include pediatric dental.  |
| <b>8. What cancer screenings are covered?</b>                       | Prostate Cancer Screening, Cervical Cancer Screening, Breast Cancer Screening, Colorectal Cancer Screening – age and frequency schedules may apply.  |

## USING THE PLAN

|   | <b>IN-NETWORK</b> | <b>OUT-OF-NETWORK</b>                                   |
|---|-------------------|---|
| <b>9. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?</b> | No                | Yes, refer to your certificate of coverage for details. |
| <b>10. Does the plan have a binding arbitration clause?</b>   | No                |   |

Questions: Call 1-888-982-3862, TDD 1-800-628-3323 (hearing impaired only) or visit [Aetna.com](http://Aetna.com).

If you are not satisfied with the resolution of your complaint or grievance, contact: Colorado Division of Insurance  
Consumer Services, Life and Health Section  
1560 Broadway, Suite 850, Denver, CO 80202  
Call 303-894-7490 (in state, toll free: 800-930-3745)  
Email: [dora\\_insurance@state.co.us](mailto:dora_insurance@state.co.us)

**Colorado Network Access Plan Disclosure:**

Aetna maintains and makes available to interested parties upon request a managed care network access plan on its business premises. The managed care network access plan demonstrates the managed care network contains an adequate number of accessible acute care hospitals, primary care providers, and specialists available to provide covered health care services. Among other things, the access plan describes Aetna's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of plan enrollees.

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**Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.**

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-888-982-3862.