

2018 Aetna HSA Plan



Get ready to take advantage of everything your Aetna Health Savings Account (HSA) offers

WHAT IS YOUR HSA PLAN?

Your HSA plan combines medical and prescription drug benefits with a tax-favored health savings account you own and can use for qualified healthcare expenses. You may choose any licensed provider when you need care. The plan pays higher benefits and you pay less out of your own pocket when you use in-network providers. Each year, you meet an annual deductible. Then the plan pays a percentage of medical and prescription benefits. Once your share of costs reaches the out-of-pocket maximum, the plan pays benefits at 100% for the rest of the year.

WITH YOUR HSA PLAN, YOU HAVE:

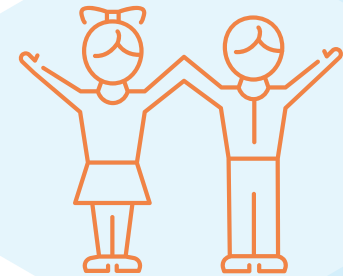
- **Freedom to choose.** You may choose any licensed provider when you need care; however, the plan pays higher benefits and you pay less out of your own pocket when you use in-network providers. Like other health plans, once you have met your deductible, the health plan starts paying for covered services.
- **Your employer's contribution.** You can receive a contribution from your employer when you complete a health assessment and/or a biometric screening in 2018.
- **Triple-tax-advantaged savings.** You can set money aside for current and future healthcare expenses with the HSA. In doing so, you get a triple-tax-advantage. Your contributions

reduce your taxable income, so you pay less in federal and state income tax. Plus, your account earns interest tax free and any withdrawals you make to pay qualified expenses are not taxed.

- **Convenient payment options.** You have the choice of payment options that include a MasterCard debit card available through the HSA administrator, online bill payment and payment via a mobile app.
- **Investments.** Once your account balance reaches \$1,000, you can choose from several investment options.
- **Portability.** You own your account. You can take it with you if you terminate employment.

Take advantage of everything your health savings account (HSA) offers. Inside you will find information on:

- How to use your HSA
- Ways to grow your HSA
- HSA tools and resources



GET YOUR PAYFLEX MASTERCARD DEBIT CARD

PayFlex, the HSA administrator, will automatically send to you a MasterCard debit card that makes accessing your HSA money easy. Use the card the same way you would use any other debit card. You can either swipe the card when you use it in a retail store. Or, you can use the numbers from the card when you use the mail-order pharmacy. The money is taken directly from your HSA account, so you should only use it for eligible expenses.

If your doctor sends you a bill, you can write your HSA debit card number on the doctor's bill and submit it as payment.

TIP: You will pay less out of your own pocket with in-network providers. Use the Provider Search at www.aetnavigators.com to find in-network providers near you.



STEPS TO USE YOUR HSA AT THE DOCTOR

Here's how you receive and pay for care with an HSA.

STEP 1: Receive healthcare services

- If you use an in-network provider, you do not need to pay at the time the service is provided. Simply show your Aetna ID card and your provider will file a claim with Aetna. There are no copays in this plan, so please remind the receptionist if you are asked for one.
- If you use an out-of-network provider, the provider may submit a claim to Aetna or you may need to file a claim yourself. Remember, an out-of-network provider has the right to request full payment at the time of service.

STEP 2: Review your claim after it is processed

- If you are registered with Aetna Navigator, you will get an email when your claim has been processed. Simply click on the link to see an Explanation of Benefits (EOB) statement that shows how the claim was processed and how benefits (if any) were paid. It will also show any amounts you may owe.
- To register with Aetna Navigator, visit www.aetnavigators.com and click on "Register" to get started. If you have not registered yet with Aetna Navigator, you will receive an EOB statement by mail.

STEP 3: Watch for the bill from your doctor

- The amount you owe on your doctor's bill should

match your "amount owed" on the EOB. If the amounts do not match, call Aetna Member Services at 1-877-906-6176.

STEP 4: Decide how to pay the bill

- You can pay it out of your own pocket, or you can use your HSA.
- Remember, you own your HSA so you decide when to use it. Pay your current expenses from your account or let it grow for future expenses — it's your choice.

STEP 5: Pay the bill

When you choose to pay from the HSA you have options:

- You can authorize an online payment from your HSA to your doctor or provider.
- You can use the MasterCard debit card that will be provided to you by PayFlex, the HSA administrator; or
- You can pay out of your own pocket and "pay yourself back" at a later date by transferring funds directly from your HSA to your personal checking or savings account.

STEP 6: Keep your receipts

- Make sure to keep your receipts for all expenses in case you are audited by the Internal Revenue Service (IRS).

STEPS TO USE YOUR HSA FOR PRESCRIPTION DRUGS

As an HSA plan participant, you are automatically enrolled in the prescription drug plan. You will receive a separate ID card from CVS Caremark.

STEP 1: Visit a retail pharmacy

- Show your CVS Caremark ID card to the pharmacist.

STEP 2: Your claim is processed while your prescription is filled

- The pharmacist will process your claim through CVS Caremark and tell you the cost of your prescription.

STEP 3: Decide how to pay for the prescription

- You can pay it out of your own pocket, or you can use your HSA.
- Remember, you own your HSA so you decide when to use it. Pay your current expenses from your account or let it grow for future expenses — it's your choice.

STEP 4: Pay for the Prescription

- When you choose to pay from the HSA you have options: You can use your PayFlex MasterCard debit card; or
- You can pay out of your own pocket and “pay yourself back” at a later date by transferring funds directly from your HSA to your personal checking or savings account.

STEP 5: Keep your receipts

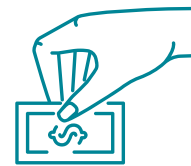
- Make sure to keep your receipts for all expenses in case you are audited by the IRS.

Mail-order prescriptions through the Maintenance Choice Program

You can use your PayFlex MasterCard debit card to pay for mail-order prescriptions. Include your Payflex MasterCard debit card number on your order form to pay the amount you are responsible for.

TIP: Save money with the Maintenance Choice Program.* With CVS Caremark's Maintenance Choice Program, you can fill a 90-day supply of maintenance medications through the mail or in person at a CVS pharmacy. Starting with your first refill, the Maintenance Choice Program saves you money because the cost for receiving a 90-day supply is essentially the same as two months of a 30-day supply at the retail pharmacy price. Furthermore, with the Maintenance Choice Program you can avoid a copay increase on your long-term prescriptions. After your third fill at a retail pharmacy, you will be charged twice the copay for a 30-day supply of any medications eligible for the Maintenance Choice Program. Go to www.caremark.com for more information or call CVS at 1-877-906-6844.

**You will pay the full cost of prescriptions until your deductible is met.*



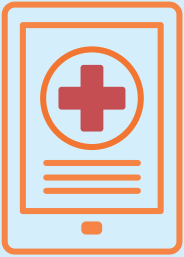
GROWING YOUR HSA

There is a reason it is called a health savings account instead of a health spending account. The idea is not to spend the money in your HSA until your account is empty. It is to save as much as you can for healthcare expenses you will have down the road. That is why you may consider keeping money in your account for the long term and not using your HSA every time you have an expense.

BUILD YOUR HSA

Get funds from your employer

In 2018, you can earn an employer contribution to your HSA by completing a health assessment and/or a biometric screening. If you complete both, you will earn a total contribution of \$400 for employee only coverage or \$800 for all other coverage categories.*



NOTE: If you took the health assessment in 2017, you will need to update it with Aetna on or after November 8, 2017, to earn the health savings account contribution for 2018.

COMPLETE A HEALTH ASSESSMENT

- The health assessment is an online questionnaire that helps you learn about your current health status. Answer questions about your lifestyle, health history and recent health screenings (like the biometric screening).
- When you are finished, you will receive a personalized health report. It is a great way to learn what you are doing right — and where there is room for improvement.
- Visit www.aetnavigators.com and log in to complete the health assessment. If you are not registered, use the “Register” link to get started. If you are updating your health assessment or taking it for the first time, look for “Complete your Assessment” on the right side of your Aetna Navigator home page.
- You will earn a contribution to your HSA of \$200 for employee only coverage or \$400 for all other coverage categories by completing the health assessment.*
- You will receive your HSA contribution in January 2018 if you complete the health assessment by December 15, 2017. If you take the health assessment after January 1, 2018, the employer contribution will be deposited to your HSA generally by the 20th of the following month.

**Amount will be prorated for midyear enrollees.*



COMPLETE A BIOMETRIC SCREENING

You can earn more dollars toward your HSA by completing a biometric screening for metabolic syndrome. The 2018 employer contribution for completing the biometric screening will be \$200 for employee only coverage or \$400 for all other coverage categories.*

Metabolic syndrome is a set of five risk factors that, together, can set the stage for serious health problems. The risk factors are: high blood pressure, high blood glucose, low HDL cholesterol, high triglyceride levels and central obesity (as indicated by waist measurement).

When you have your biometric screening, blood will be drawn and your blood pressure and waist circumference will be measured. Get your screening:

- **At a Quest Diagnostics Patient Service Center:** To make an appointment, visit <https://my.questforhealth.com> and register. Use the registration key CORPRISK. You may also call 1-855-623-9355 to make your appointment. Please note that in order to receive the 2018 employer contribution to your HSA, your screening at a Quest Diagnostics Patient Service Center must be completed between January 1, 2018 – November 30, 2018.
- **At your doctor's office:** If you prefer, you can visit your primary care doctor to get screened. Just remember to bring a Physician Results form. Download the form from <https://my.questforhealth.com>. To qualify for the 2018 employer HSA contribution, your physician screening must be conducted between January 1, 2018 – October 31, 2018 and your completed Physician Results form must be received by Quest Diagnostics before November 1, 2018.
- **At the workplace:** If you are located in one of the Company's larger office locations, such as Charlotte, Irvine, Nashville, New York City, Reston or Tulsa, screenings at the office are typically held during the first and third quarters each year. Watch your email for an announcement for dates/times.

There is no out-of-pocket cost to you for completing a screening if you complete a screening (1) at a Quest Center or (2) through an in-network doctor who uses an in-network laboratory or (3) at the workplace. You will need to fast (no food or drink except water) for 9–12 hours prior to your screening. It is also important to drink plenty of water and take all medication according to your regular schedule prior to your screening appointment.

You will be able to view your results on the Quest Diagnostics website 3–5 days after you complete your screening. You will also receive a report via regular mail 2–3 weeks after your screening. All information obtained in your biometric screening is completely confidential and the results will not be shared with your employer.

The employer contribution will be deposited to your HSA generally by the 20th of the following month.

**Amount will be prorated for midyear enrollees.*

GROWING YOUR HSA CONTINUED

FUND YOUR ACCOUNT

When you enroll in an HSA plan, you can also elect to contribute to your HSA through automatic payroll deductions. The money you contribute is deducted from your paycheck before taxes—which means that you do not pay income taxes and FICA (Social Security/Medicare) taxes on the contributions deposited to your account. You must elect to contribute to your HSA each year. Even if you elected to contribute to your HSA for 2017, you must re-elect to contribute to your HSA in 2018 if you want HSA deductions to be taken from your 2018 paychecks.

You may enroll, change or stop your contribution amount at any time during the year. You do not have to contribute to your HSA in order to receive the employer HSA contribution.

The IRS sets limits on total contribution amounts. For 2018, these limits* are:

- \$3,450 for individual coverage
- \$6,850 for all other coverage levels

If you are age 55 or older during 2018, you can make an additional “catch-up” contribution of \$1,000.

Get your HSA balance and more

You can see how much money you have in your HSA any time, 24/7, at www.aetnavigators.com.



**Contribution limit includes both employee and employer contributions. Limit does not include catch-up contributions which can be made in addition to the IRS-allowed maximum.*

CONTRIBUTE TO YOUR HSA

To get started, visit and log in to www.yourbenefitscenter.com.

1. Click on “Make a Change to My Benefits” on the left side bar.
2. Select “HSA Contribution Change” from the list of qualified life events.
3. The Event Date should be the date you are electing the change. Your enrollment/change will be effective within two paychecks.
4. On the Life Event processing screen, for “Step 1: Your Info” select “Continue” to start the process.
5. Review your personal information and select Continue at the bottom of the page to continue.
6. Verify the dependents you have on file and select Continue at the bottom of the page to continue.
7. On “Step 3: Your benefits”, to change your HSA election, scroll down and select “Health Savings Account (HSA).”
8. Click directly on the Your Annual Election amount to edit. Once you have elected your new amount, select “Update.”
9. Then select “Continue” to confirm your election.
10. On the “Step 4: Your Summary” screen, scroll to the bottom and select “Confirm.”

You may also enroll, change or stop your HSA contribution amount by phone. Contact a Your Benefits Center representative at 1-844-217-8215, M-F 8:00 a.m. to 11:00 p.m. ET.

USEFUL FACTS ABOUT YOUR HSA

INVEST YOUR HSA MONEY

Once your HSA balance reaches \$1,000, you have the option to open an investment account. With an investment account, you can take advantage of benefits like:

- Access to a diversified group of mutual funds professionally managed by an investment adviser
- Mutual fund fact sheets with historical performance information
- 401(k)-like investment capabilities

For more information on investment options, visit the Financial Center of the PayFlex member portal. You can link directly to the PayFlex member portal by logging in to Aetna Navigator at www.aetn navigator.com.

IRS RULES

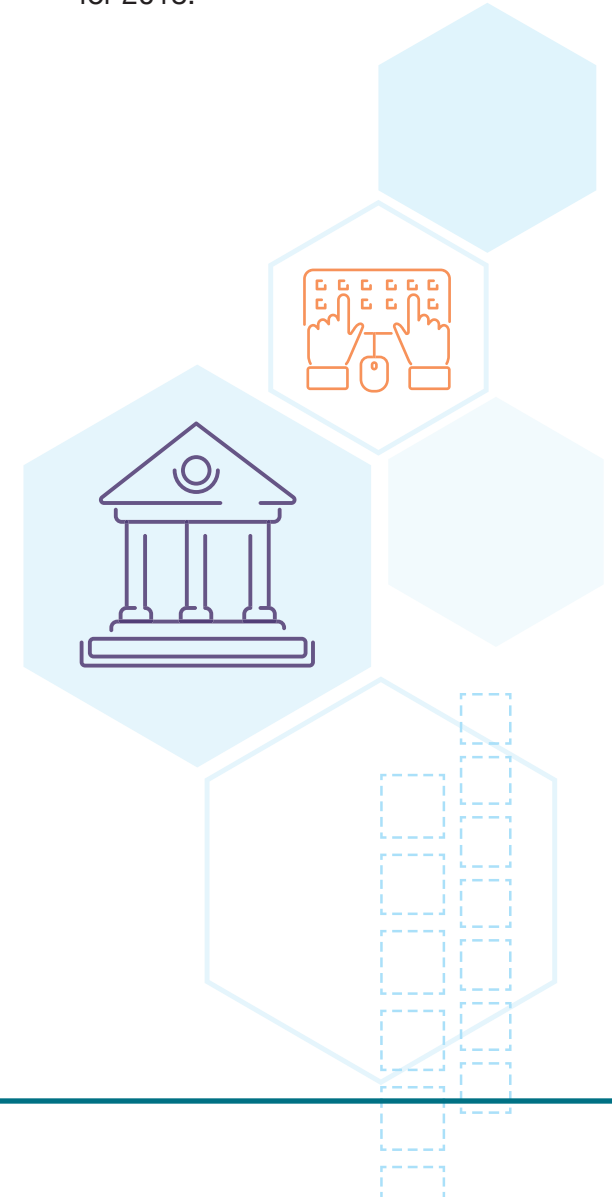
The IRS sets the rules for health savings accounts. Here is what you should know:

- The IRS allows up to \$3,450 to be contributed to your HSA for employee only coverage, and \$6,850 for family coverage in 2018. This includes any contributions from your employer.
- You may enroll, change or stop the amount you contribute at any time during the year up to the IRS maximums.

- You may cover a domestic partner under your healthcare plan, but his or her qualified healthcare expenses may not be reimbursed from an HSA unless he or she is a qualified dependent for federal income tax purposes. You may still contribute the IRS maximum for family coverage if you cover a domestic partner.
- While you may cover adult dependent children for healthcare up to age 26 (regardless of student or marital status), using an HSA to pay for qualified health expenses of dependent children requires he or she be a qualified dependent for federal income tax purposes.
 - A qualifying Dependent Child includes:
 - Dependent children up to age 19, or age 24 if full-time students.
 - Dependent children up to the age of 26 that you will be providing more than 50% of this person's support for the calendar year and can claim them on your federal income tax return.
- You cannot use your HSA to pay the qualified expenses of adult dependent children who you do not claim on your taxes. However, if you have an adult child and are unable to claim him or her on your taxes, the adult child

may open his or her own HSA to pay those expenses as long as he or she is enrolled in an HSA medical plan.

- If an adult child opens his or her own HSA, he or she can contribute up to the full family amount of \$6,850 for 2018.



USEFUL FACTS ABOUT YOUR HSA CONTINUED

Some circumstances that impact your eligibility for an HSA:

- If you are enrolled in Medicare or Medicaid, you are not eligible for an HSA.
- You cannot have both an HSA and a health care flexible spending account (FSA).
- If you have an HSA, your spouse can not be enrolled in a health care FSA or health reimbursement account (HRA) with his or her employer.
- If you have other medical coverage through TriCare or have received VA benefits within the past three months and do not have a disability rating, you cannot contribute to an HSA.
- If you have coverage under your spouse's medical plan, you cannot have an HSA.

If you have questions about these regulations, please contact **Aetna Member Services at 1-877-906-6176**.

HEALTHCARE EXPENSES NOT COVERED BY YOUR PLAN

You can use your HSA for other healthcare expenses, but restrictions apply. For example, you can use your HSA for glasses, contacts and over-the-counter medicines, but you must have a prescription from a doctor. For a list of qualified expenses, log in to Aetna Navigator at www.aetn navigator.com or visit the IRS site at www.irs.gov for a copy of Publication 502.

NON-HEALTHCARE EXPENSES

Be very cautious when using your HSA for non-healthcare expenses. You will pay significant penalties to the IRS if you use your HSA money for something that is not a qualified expense. The penalty is the normal income tax amount plus 20%.



Aetna Navigator goes where you go

You are mobile — so is Aetna. Use your smartphone to find a doctor, show your ID card, check the status

of a claim and more. Visit www.aetn navigator.com from any Web-enabled phone to download the Aetna app.

GET MORE FROM YOUR HSA

STAY IN THE NETWORK

Your share of the cost is lower when you use doctors, labs and facilities that are in Aetna's network of providers. Also, in-network providers have agreed to special rates for Aetna members. Find in-network providers at www.aetnanavigator.com.

USE COST OF CARE TOOLS

Once you enroll, you will be able to register with Aetna Navigator at www.aetnanavigator.com. This site helps you save time, avoid guesswork and make informed decisions about your health. Among the many resources on Aetna Navigator, you will find:

- **Member Payment Estimator:** Compare costs for many common medical services at different doctors and hospitals. The tool will estimate what Aetna will pay for a service or procedure — and what you will pay out of pocket.
- **Hospital Quality Comparison Tool:** Find information such as the number of patients treated, complications rate and average length of stay at hospitals in your area for a specified procedure, condition or diagnosis.
- **Nurseline:** Email or call a nurse with questions you may have regarding medical care for yourself or a dependent.

In addition, you can view your claims information, check where you are in meeting your deductible, access your HSA balance info and more.

You can find tools to help manage your prescription drug costs on the CVS Caremark website at www.caremark.com. You can look up the cost of a drug as well as get information about the prescription mail-order service. You can also obtain a prescription drug savings report that lists all your medications and if a lower cost alternative is available.

USE THE EMERGENCY ROOM (ER) FOR TRUE EMERGENCIES

Did you know that urgent care centers and walk-in clinics can perform many of the same services that an emergency room (ER) can? But, urgent care centers and walk-in clinics cost so much less — and you will not wait as long. They make a great alternative for less serious issues like a sprained ankle, earache or minor cuts. Look up local urgent care centers using the Provider Search at www.aetnanavigator.com. Enter “urgent care” in the search box.



GET MORE FROM YOUR HSA CONTINUED



GET 100% COVERAGE FOR THESE ROUTINE PREVENTIVE CARE SERVICES

- Adult, well-child and well-woman exams; eye exams (1 exam per 24 months); hearing exams (1 exam per 24 months); mammograms for women age 40 and over
- Digital rectal exams (DRE) and prostate-specific antigen tests for men age 40 and over
- Colorectal cancer screening for all members age 50 and over
- Lung cancer screening for anyone over age 55 with a history of smoking



TALK WITH A REGISTERED NURSE – 24/7

Not sure if you have a true emergency? Call the Informed Health Line — anytime, day or night — to talk with a registered nurse.

Sometimes your question can not wait until a doctor visit or even the next morning. As an Aetna member, you'll have around-the-clock access to a registered nurse for any health-related question.

- Call **1-800-556-1555** to speak with a registered nurse
- Every call is toll free
- Call as many times as you need
- Find out if you should go to an ER, or if your situation can wait



GET A VIRTUAL HOUSE CALL WITH A DOCTOR

You and your eligible dependents have 24/7 access to U.S. board-certified doctors, including pediatricians, by phone or video

consult* with Teladoc, a service for Aetna members. Teladoc doctors can:

- Diagnose your condition
- Recommend treatment
- Prescribe medication if necessary

Teladoc doctors can treat non-emergency conditions like cold and flu symptoms, respiratory and ear infections, skin conditions, sinus problems, allergies, bronchitis and more. Each Teladoc consultation costs a fraction of what you would typically pay for an office visit and the fee applies to your deductible and out-of-pocket maximums. You can use your HSA to pay for Teladoc services.

To register for Teladoc and for more information, go to

www.teladoc.com/aetna.

You can call Teladoc at

1-855-TELADOC (1-855-835-2362).

**Teladoc is not available in all states.*

HSA PLAN COVERAGE OVERVIEW

MEDICAL COVERAGE HIGHLIGHTS

	AETNA 2000 PLAN	AETNA 1350 PLAN
HSA employer funding ¹		
Employee only coverage	\$400	\$400
Family coverage	\$800	\$800

	AETNA 2000 PLAN		AETNA 1350 PLAN	
	In-Network	Out-of-Network ²	In-Network	Out-of-Network ²
Amounts listed below are the amounts you pay				
Annual deductible ³				
Employee only coverage	\$2,000	\$4,000	\$1,350	\$2,700
Family coverage	\$4,000	\$8,000	\$2,700	\$5,400
Annual out-of-pocket maximum ⁴				
Per individual	\$6,000	\$12,000	\$3,000	\$6,000
Per family	\$12,000	\$24,000	\$6,000	\$12,000
Doctor's office visit Primary care or specialist	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive care	0%	40% after deductible	0%	40% after deductible
Inpatient hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency care	20% after deductible	20% after deductible	20% after deductible	20% after deductible

1. The HSA employer funding is subject to completion of a health assessment and/or a biometric screening. If the employee completes a health assessment, the employer contribution to the employee's HSA will be: \$200 (if the employee is only covering himself/herself under the medical plan – i.e. employee only coverage) or \$400 (if the employee is covering himself/herself and other family members under the medical plan—i.e., family coverage). If the employee completes a biometric screening, an additional employer contribution will be made to the employee's HSA of \$200 (for employee only coverage) or \$400 (for family coverage). Amounts will be prorated for midyear enrollees.

2. Out-of-network expenses are subject to reasonable and customary charges.

3. The annual deductible is the amount you must pay before the plan will pay towards your eligible medical and prescription drug expenses. Please note: In-network preventive care is not subject to the annual deductible. If covering one or more family members under the medical plan, you will need to meet the family coverage deductible. The employee only coverage deductible applies only when the employee and no family members are covered under the medical plan.

4. The maximum out-of-pocket is the maximum amount you will have to pay for eligible expenses each year. The out-of-pocket maximum can be met by: (1) each individual covered under the medical plan can meet the individual out-of-pocket maximum and his/her eligible expenses will be covered at 100%; or (2) one or more covered individuals combined can meet the family out-of-pocket maximum and each covered family members eligible expenses will be covered at 100%.

HSA PLAN COVERAGE OVERVIEW CONTINUED

PRESCRIPTION DRUG COVERAGE HIGHLIGHTS

	AETNA 2000 PLAN		AETNA 1350 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Amounts listed below are the amounts you pay				
Prescription drugs filled at participating retail pharmacy^{1,2} (30-day supply) Generic Select brand	\$5 copay 20% coinsurance with a \$25 minimum/ \$50 maximum	Not covered Not covered	\$5 copay 20% coinsurance with a \$25 minimum/ \$50 maximum	Not covered Not covered
Prescription drugs filled through the mail or at a CVS pharmacy^{1,2} (90-day supply) Generic Select brand	\$10 copay 20% coinsurance with a \$50 minimum/ \$100 maximum	Not covered Not covered	\$10 copay 20% coinsurance with a \$50 minimum/ \$100 maximum	Not covered Not covered

1. The annual medical plan deductible must first be met before the copays or coinsurance apply. Your prescription drug copays and coinsurance count towards the medical plan out-of-pocket maximums.

2. Certain prescriptions that are considered to be preventive under federal law are mandated to be covered in full and the above cost sharing schedule does not apply. Contact CVS Caremark for more information as to whether a particular prescription is covered under this federal mandate.

This Health Savings Account (HSA) guide provides an overview of our HSA plans. More details can be found in the Summary Plan Descriptions and plan documents. In the case of a discrepancy between the plan documents and this guide, the plan documents will prevail.

The Company intends to continue the benefits programs indefinitely. However, the Company reserves the right to amend, suspend or discontinue any of the plans at any time.





www.yourbenefitscenter.com
Your Benefits Center at 1-844-217-8215