

## CHAMBER SOLUTIONS-An Aetna Funding Advantage Medical Plans

Qualified member businesses and their participating local chambers of commerce in the state of Kansas will receive individually underwritten proposals for our Aetna Funding Advantage (AFA) medical plans. AFA is our level-funded product that offers the stability of a level monthly payment and stop loss protection with the ability to share in any claims funding surplus. It also includes access to our Choice POSII (Open Access) broad national network, two state-wide local networks, and value-added member programs. [Click here](#) for instructions on finding in-network doctors and hospitals with our convenient provider search tool.

### Employees get lower cost care options on any Aetna Funding Advantage plan

No matter which plan the employer offers and employee selects, the person can pay \$0 cost-sharing\* for these services



#### In-network behavioral health

**Including:**

- In-person or virtual visits from network providers
- Virtual visits from selected vendors
- Counseling services via an employee assistance program



#### Primary and preventive care

**Including:**

- Regular check-ups, screenings, and immunizations.
- Available through:
  - Network Providers
  - CVS Health Virtual Primary Care\*\*



#### Minor illness and injury

**Including:**

- In-person, at MinuteClinic locations
- Virtually, using
  - CVS Health Virtual Care™ \*\*
  - Teladoc Health telehealth services†



#### Pharmacy benefits

**Including:**

- Maintenance Choice® with opt-out†
- Diabetic Meter Program
- \$0 Preferred Diabetic benefit††



#### Health and wellness

**Including:**

- Up to \$100 per year on CVS brand over-the-counter health support products†††
- Up to \$100 per year in wellness rewards†

Chamber Solutions can offer up to 8 plans for their 2-100 member businesses. Businesses can offer up to 4 plans.\*

- ✓ Large plan design portfolio for CCEKS admin to choose from: deductibles ranging from **\$0 to \$9,100**
- ✓ Access to our best national network including over **285K PCPs**.
- ✓ Prescription drug coverage integrated for simplicity and savings
- ✓ Plans are built with CVS Health points of care and leverage advance data science to boost care management outcomes
- 💰 Access to value added benefits and programs at **low or no extra cost\*\*\*** to the member. These services include:
  - Virtual care
  - Walk-in clinic services
  - Health and wellness resources + incentives
- 💰 Premier plans offer extra plan choices with a rich combination of benefits:
  - Deductibles from \$500-\$5000
  - Lowest combination of copays for
    - PCP/Specialist
    - Lab and X-Ray
    - Pharmacy
  - Same robust member wellness offering

### Obtain a pricing proposal:



\*Dental, Vision, Life and Disability coverage options available upon request

1. [Click here](#) to download and complete the required census information.
2. Upload your completed census [here](#).

For questions please contact:

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**CHAMBER SOLUTIONS-An Aetna Funding Advantage Medical Plan Designs**

<b>CPOSII 500 80/50 \$0LXR CY V24<sup>†,***</sup></b>	
Deductible (individual/family)	\$500/\$1,000
Out-of-pocket limit (individual/family)	\$4,500/\$9,000
Coinsurance	20%
Primary care office visit	\$25 deductible waived
Specialist office visit	\$75 deductible waived
Walk-in clinics* (designated walk-in clinics / all other network providers)	\$0 deductible waived / \$25 deductible waived
Urgent care	\$75 deductible waived
Emergency room	\$300 plus 20% after deductible
Lab/x-ray	\$0 deductible waived / \$0 deductible waived
Inpatient hospital	20% after deductible
Pharmacy deductible**	None
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 / \$10 / \$45 / \$75 / 20% up to \$250 / 40% up to \$500

<b>CPOSII 1000 80/50 \$0LXR CY V24<sup>†,***</sup></b>	
Deductible (individual/family)	\$1,000/\$2,000
Out-of-pocket limit (individual/family)	\$5,000/\$10,000
Coinsurance	20%
Primary care office visit	\$25 deductible waived
Specialist office visit	\$75 deductible waived
Walk-in clinics* (designated walk-in clinics / all other network providers)	\$0 deductible waived / \$25 deductible waived
Urgent care	\$75 deductible waived
Emergency room	\$300 plus 20% after deductible
Lab/x-ray	\$0 deductible waived / \$0 deductible waived
Inpatient hospital	20% after deductible
Pharmacy deductible**	None
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 / \$10 / \$45 / \$75 / 20% up to \$250 / 40% up to \$500

<b>CPOSII 1500 Premier 80/50 CY V24<sup>†</sup></b>	
Deductible (individual/family)	\$1,500/\$3,000
Out-of-pocket limit (individual/family)	\$5,500/\$11,000
Coinsurance	20%
Primary care office visit	\$20 deductible waived
Specialist office visit	\$40 deductible waived
Walk-in clinics* (designated walk-in clinics / all other network providers)	\$0 deductible waived / \$20 deductible waived
Urgent care	\$50 deductible waived
Emergency room	\$500 deductible waived
Lab/x-ray	\$0 deductible waived / \$0 deductible waived
Inpatient hospital	20% after deductible
Pharmacy deductible**	None
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 / \$10 / \$35 / \$50 / 20% up to \$250 / 40% up to \$500

<b>CPOSII 3250 HSA 100/50 TE<sup>†††</sup></b>	
Deductible (individual/family)	\$3,250/\$6,500
Out-of-pocket limit (individual/family)	\$7,500/\$15,000
Coinsurance	0%
Primary care office visit	Covered in full AD
Specialist office visit	Covered in full AD
Walk-in clinics* (designated walk-in clinics / all other network providers)	Covered in full AD
Urgent care	Covered in full AD
Emergency room	\$500 after deductible
Lab/x-ray	Covered in full AD
Inpatient hospital	Covered in full AD
Pharmacy deductible**	Integrated with medical
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 AD / \$10 AD / \$50 AD / \$80 AD / 20% up to \$250 AD / 40% up to \$500 AD

<b>CPOSII 1500 80/50 CY V24<sup>†</sup></b>	
Deductible (individual/family)	\$1,500/\$3,000
Out-of-pocket limit (individual/family)	\$5,000/\$10,000
Coinsurance	20%
Primary care office visit	\$25 deductible waived
Specialist office visit	\$75 deductible waived
Walk-in clinics* (designated walk-in clinics / all other network providers)	\$0 deductible waived / \$25 deductible waived
Urgent care	\$75 deductible waived
Emergency room	\$300 plus 20% after deductible
Lab/x-ray	20% after deductible / 20% after deductible
Inpatient hospital	20% after deductible
Pharmacy deductible**	None
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 / \$10 / \$45 / \$75 / 20% up to \$250 / 40% up to \$500

<b>CPOSII 2500 80/50 CY V24<sup>†</sup></b>	
Deductible (individual/family)	\$2,500/\$5,000
Out-of-pocket limit (individual/family)	\$6,500/\$13,000
Coinsurance	20%
Primary care office visit	\$35 deductible waived
Specialist office visit	\$75 deductible waived
Walk-in clinics* (designated walk-in clinics / all other network providers)	\$0 deductible waived / \$35 deductible waived
Urgent care	\$75 deductible waived
Emergency room	\$300 plus 20% after deductible
Lab/x-ray	20% after deductible / 20% after deductible
Inpatient hospital	20% after deductible
Pharmacy deductible**	None
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 / \$10 / \$50 / \$80 / 20% up to \$250 / 40% up to \$500

## CHAMBER SOLUTIONS-An Aetna Funding Advantage Medical Plan Designs

CPOSII 3500 80/50 CY V24†	
Deductible (individual/family)	\$3,500/\$7,000
Out-of-pocket limit (individual/family)	\$7,000/\$14,000
Coinsurance	20%
Primary care office visit	\$35 deductible waived
Specialist office visit	\$75 deductible waived
Walk-in clinics* (designated walk-in clinics / all other network providers)	\$0 deductible waived / \$35 deductible waived
Urgent care	\$75 deductible waived
Emergency room	\$300 plus 20% after deductible
Lab/x-ray	20% after deductible / 20% after deductible
Inpatient hospital	20% after deductible
Pharmacy deductible**	None
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 / \$10 / \$50 / \$80 / 20% up to \$250 / 40% up to \$500

PPO 5500 HSA 100/50 E CY V24†	
Deductible (individual/family)	\$5,500/\$11,000
Out-of-pocket limit (individual/family)	\$7,500/\$15,000
Coinsurance	0%
Primary care office visit	Covered in full AD
Specialist office visit	Covered in full AD
Walk-in clinics* (designated walk-in clinics / all other network providers)	Covered in full AD
Urgent care	Covered in full AD
Emergency room	\$500 after deductible
Lab/x-ray	Covered in full AD
Inpatient hospital	Covered in full AD
Pharmacy deductible**	Integrated with medical
Pharmacy** Low cost and Preferred Generic (Tier 1A Value/Tier 1) / Preferred Brand/Non-Preferred Generic and Brand / Preferred Specialty / Non-Preferred Specialty	\$3 AD / \$10 AD / \$50 AD / \$100 AD / 20% up to \$250 AD / 40% up to \$500 AD

### Footnotes

\*AD\* indicates after deductible. \*DW\* indicates deductible waived. All services are subject to the deductible unless noted otherwise.

Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services. Deductibles, copays and coinsurance apply to the out-of-pocket limit (OOP). After the out-of-pocket limit is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna. This illustration shows in-network benefits only. All CPOSII plans include out-of-network benefits. Open Access Aetna Select (OAS) plans only provide access to covered benefits when provided by a network provider. The OAS plans do not cover services from an out-of-network provider, except for emergency care provided for an emergency medical condition. The OAS plans will pay for the emergency care as in-network benefits.

**Note: To access specific Summary of Benefits and Coverage (SBC) documents, please go to <https://www.aetna.com/sbsearch/home>. For more information, please contact your licensed agent or Aetna Sales Representative.**

**\*Walk-in clinics** - Walk-in clinics are freestanding health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be walk-in clinics.

**\*\*Choose Generics with Dispense as Written (DAW) override** - Member pays the difference in cost between a brand and generic drug plus the applicable cost share if a generic drug is available and a brand-name drug is dispensed unless the physician indicates "Dispense as Written" on the prescription. The cost difference between the generic and brand does not count toward the Deductible or Out-of-Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Advanced Control Plan - Aetna Formulary) to understand which drugs are covered. Precertification and step therapy applies.

**\*\*Maintenance Choice® with Opt Out** - After two retail fills, members must choose to fill a 90-day supply of their maintenance drugs at a participating mail service pharmacy or at selected participating retail providers. If the member wants to continue to fill their 30-day supply at any other network pharmacy, they simply need to call us at the number on their member ID card. If they do not notify us that they want to opt out of the 90-day supply at a participating mail service pharmacy or at selected participating retail providers, they'll be responsible for 100 percent of their medication cost. The member may call us any time, even from the pharmacy, to let us know that they intend to opt out of the benefit. Note: This does not apply to groups based in Oklahoma, Tennessee and West Virginia.

**\*\*Specialty** - All prescription fills must be through the preferred specialty pharmacy network, Aetna Specialty Network. True Accumulation applies. **\*\*Preventive Medications (IntRX, HSA and Value plans)** - Deductible is waived for certain preventive medications.

**\*\*\$OLXR** - In-network outpatient diagnostic lab and x-ray cost-sharing is \$0, deductible waived.

**† Embedded Deductible / Out-of-Pocket Limit** - No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.

**†† TIF (Non-Embedded) Deductible / Out-of-Pocket Limit** - The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.

**††† TE (TIF or Non-Embedded Deductible / Embedded Out-of-Pocket Limit)** -

**Deductible:** The individual deductible limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible can be met by a combination of family members or by any single individual within the family. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year.

**Out-of-Pocket Limit:** No one family member may contribute more than the individual out-of-pocket limit amount to the family out-of-pocket limit. Once the family out-of-pocket limit is met, all family members will be considered as having met their out-of-pocket limit for the remainder of the year.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Funding Advantage™ plans are self-insured by the employer and administered by Aetna Life Insurance Company. Stop loss insurance coverage is offered by Aetna Life Insurance Company.**

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