Perfect balance
Health care for the whole you

Seattle University
Open Enrollment
November 2, 2022
Welcome

Sara Powell
Senior Account Manager, Aetna

Agenda:
Plan comparison: PPO vs HSA
Aetna member tools
Helpful ways to save money
Q & A
Get the coverage you need
with the Aetna Choice® POS II health 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.
# Who pays what?

<table>
<thead>
<tr>
<th>You pay</th>
<th><strong>Deductible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Each year, you pay 100% of your covered expenses until you meet your deductible amount. Eligible preventive care is covered at 100% with no deductible when you use network providers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>You and the plan pay</th>
<th><strong>Cost sharing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Once you meet your deductible, you share the cost with the plan. Your share may be in the form of coinsurance and/or copayments (also called copays).</td>
</tr>
<tr>
<td></td>
<td><strong>Coinsurance</strong></td>
</tr>
<tr>
<td></td>
<td>A fixed percentage. For example, if your care is $100 and your coinsurance is 20%, you pay $20.</td>
</tr>
<tr>
<td></td>
<td><strong>Copay</strong></td>
</tr>
<tr>
<td></td>
<td>A fixed dollar amount. For example, you may pay $25 per doctor office visit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The plan pays</th>
<th><strong>Out-of-pocket maximum</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the year.</td>
</tr>
</tbody>
</table>
## PPO Plan
(What you pay)

<table>
<thead>
<tr>
<th></th>
<th>In-network care</th>
<th>Out-of-network care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Covered at 100%; deductible waived</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td>$500 Individual / $1,000 Family</td>
<td>$500 Individual / $1,000 Family</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum</strong></td>
<td>$3,350 Individual / $6,700 Family</td>
<td>$3,350 Individual / $6,700 Family</td>
</tr>
<tr>
<td><strong>Office visit</strong></td>
<td>$25 copay; deductible waived</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Specialist office visit</strong></td>
<td>$25 copay; deductible waived</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>X-rays, complex imaging</strong></td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Urgent care</strong></td>
<td>$25 copay; deductible waived</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Walk-in clinic</strong></td>
<td>CVS MinuteClinic/HealthHub -$0; deductible waived</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>All others - $25 copay; deductible waived</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Teladoc (phone/video)</strong></td>
<td>$25 copay; deductible waived</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td>20% after $100 copay; deductible waived (copay waived if confined)</td>
<td>Same as In - Network</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td>Covered through CVS Pharmacy coverage</td>
<td>Covered through CVS Pharmacy coverage</td>
</tr>
</tbody>
</table>
### HDHP Plan

**In-network care**

<table>
<thead>
<tr>
<th>Preventive care</th>
<th>Covered at 100%; deductible waived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$2,000 Individual OR $4,000 Family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10%</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$4,000 Individual OR $8,000 Family</td>
</tr>
<tr>
<td>Office visit</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>X-rays, complex imaging</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Urgent care</td>
<td>10% after deductible</td>
</tr>
</tbody>
</table>
| Walk-in clinic  | CVS MinuteClinic / HealthHub - $0 after deductible  
All others – 10% after deductible |
| Teladoc (phone/video) | 10% after deductible |
| Emergency room  | 10% after deductible                 |
| Prescription drugs | Covered under CVS Pharmacy coverage |

### Out-of-network care

<table>
<thead>
<tr>
<th>Preventive care</th>
<th>50% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$4,000 Individual OR $8,000 Family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>50%</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>No limit</td>
</tr>
<tr>
<td>Office visit</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>X-rays, complex imaging</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Urgent care</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Walk-in clinic</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Teladoc (phone/video)</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency room</td>
<td>Same as In - Network</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>Covered under CVS Pharmacy coverage</td>
</tr>
</tbody>
</table>

Covered under CVS Pharmacy coverage
A high-deductible health plan (HDHP) can mean savings for you.

<table>
<thead>
<tr>
<th>Preventive care</th>
<th>Deductible</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers preventive care at 100%</td>
<td>You pay 100% until you meet the deductible, then only pay part of the cost</td>
<td>Plan provisions kick in</td>
</tr>
<tr>
<td>The plan pays 100% after you meet your out-of-pocket maximum</td>
<td></td>
<td>Plan pays</td>
</tr>
</tbody>
</table>
Aetna HDHP… As Easy as 1-2-3

<table>
<thead>
<tr>
<th>The Deductible</th>
<th>Medical/Rx Plan</th>
<th>Health Savings Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>All expenses covered under the plan apply to the deductible as required by law.</td>
<td>After the deductible is met, you pay a percentage of any additional Medical/BH services you receive (coinsurance), up to your annual out-of-pocket maximum – pharmacy copays apply to the out of pocket maximum as well.</td>
<td>You may contribute your own dollars to the account on a pre-tax basis. <strong>Bonus:</strong> Unused amounts in your bank account stay with you, roll over to the next plan year. Should you leave Seattle U, you take them with you! No limit to the rollover amount!</td>
</tr>
</tbody>
</table>

Seattle U provides a contribution to your Health Savings Account ($750 self-only coverage / $1,500 employee + 1 or more) if enrolled in the HDHP.

You may contribute funds to the Health Savings Account, up to the annual maximum.

The maximums for 2023 are as follows: $3,850 for self-only coverage / $7,750 employee + 1 or more. **Note:** the maximums are inclusive of Seattle U contributions AND your own contributions.

Individual age 55+ can contribute an additional $1,000.
When do I pay?

**Medical / Behavioral Claims:**
Show your providers your Aetna ID card
They will generally bill Aetna first, on your behalf
Billing Aetna first ensures you get the negotiated rate & your deductible / coinsurance credit
Once Aetna processes the claim, we advise your provider how much is your member responsibility
The provider will bill you your portion
Pay with your HSA or out of pocket

**Pharmacy Claims:**
Show the pharmacy your CVS Caremark ID card
Claims are processed “real-time”
You will receive your negotiated rate
Once your deductible is met, you only pay a copay.
Pay with your HSA or out of pocket right at the pharmacy
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 HAS

**Alabama, California and New Jersey require you to pay state tax on HSA deposits.

Your HSA is managed through Fidelity. Please reach out to Fidelity or Human Resources for further information.
You’ve got this

An easier experience can make you happy and healthier.
Take charge of your health care
with the Aetna® member website and the Aetna Health℠ app

Find everything you need, all in one place
Set up your account to manage your benefits and more at home or on the go.

Manage your plan
• Check your plan summary for detailed information on what’s covered by your plan.
• Track your spending and understand your progress toward meeting your individual and family deductibles.
• Easily access your digital ID card anytime.

Connect to care
• Use tools to help you choose quality, in-network and local providers, pharmacies and facilities, including convenient retail clinics and urgent care.
• Get cost estimates for visits and procedures before getting care.
• Talk to a doctor anytime by phone or video chat from home.

View claims
• Check up to two years of claims for your whole family.
• Pay claims.

Improve your health
• Receive personalized reminders to improve your health.

Just visit Aetna.com to create an account and log in to your member website.

A smarter, simpler, more convenient way to take charge of your health care and benefits

Download the Aetna Health app

App screens are a composite of real situations. All names and other identifying information are fictional.
24/7 access to a doctor by phone or video

Talk to a doctor from your home*

Available anytime, anywhere**

$49 or less per visit (General use)
$75 or less per visit (Dermatology)
$190/$90 or less per visit (MD Mental Health)
$85 or less per visit (Non-MD Mental Health)

*Teladoc can answer questions about the virus, assess your risk, and provide support to help relieve symptoms.
Due to COVID-19, the need for our care has never been greater and wait times can be a few hours.

**Idaho is video only; Arkansas and Delaware require video for first visit every 24 months.
Ask your Aetna Concierge

Get personalized support and the answers you need

- How can I find the right specialist?
- Is this covered under my plan?
- I have my diagnosis. What do I do now?

I have my diagnosis. What do I do now?
Personalized for you
Making healthy simpler
Go to your member website and take a health risk assessment.

Answer
Spend fewer than 15 minutes answering questions.

Learn
Find “aha” moments along the way with easy-to-follow pieces of health information.

Discover
Explore a health action plan that’s personalized for you.

Engage
Choose your next steps toward feeling better now.
Online health coaching for healthy changes that last

• Be tobacco-free
• Manage diabetes
• Have a healthy back
• Get heart healthy by managing cholesterol
• Stress less
• Manage weight
• Live well with asthma
• Eat healthier
Count on savings with the Aetna® Discount Program*

- Fitness
- Books
- Natural products and services
- Oral health
- Hearing
- Weight management
- Vision
- At-home products

*Discount programs are NOT insurance and program features are not guaranteed under the plan contract and may be discontinued at any time. Discount programs are in addition to any plan benefits and may require a separate charge to access such programs. Discount programs are NOT available to New York policyholders.
Here for you
to keep you informed
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 Nov. 1 – Nov. 15, 2022

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.
Enroll anytime with a qualifying event.

Qualifying events include:

• Marriage
• Divorce
• Birth of a child, adoption, legal custody of 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. (Within 60 days for birth, adoption, legal custody of child events)
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 tools on your member website to make smart choices
Transforming your welcome experience with a personalized and unique smart video

1. Offers a **personalized introduction** to your plan and the benefits unique to you — in under five minutes.

2. Provides **specific** dollar values for deductibles, out-of-pocket maximum, fund balances and more.

3. Highlights **extra plan benefits**, such as discounts and preventive care.

4. **Updates in real time** as you use your plan.

5. Allows you to sit back and relax because it’s all about you. **See a sample video here.**
CVS® HealthHUB™ locations

A convenient and affordable option to help get you on the path to better health.

**Convenient**
Open every day, including nights and weekends. Get the care you need on your schedule.

**Affordable**
Just use your Aetna® benefits and get care.

**MinuteClinic® services**
- Minor illnesses and injuries
- Skin conditions
- Wellness and physicals
- Screenings and monitoring
- Vaccinations and injections
- Travel health
- Women’s and men’s health services
- Obstructive sleep apnea* screening assessment and diagnosis
- Point of care lab testing

**Expanded MinuteClinic services available**
- Support managing certain chronic conditions like diabetes, sleep apnea, high cholesterol and more
- Diabetic services like diabetic retinopathy screening and imaging***
- Lifestyle support for heart health
- Pelvic exams, STI testing and more
- Colorectal risk assessment
- Chickenpox vaccination (Varivax®)

* Sleep apnea screening performed by MinuteClinic. Your MinuteClinic provider may prescribe a home sleep test, sleep test interpretation and diagnosis by an independent third-party.

** Clinical services provided by a MinuteClinic nurse practitioner or physician assistant within a CVS HealthHUB location.

***Diabetic retinopathy diagnosis by an independent provider.

Your local MinuteClinic may now be a CVS HealthHUB.

Visit CVS.com/HealthHUB to find a location near you.
Get low cost/no-cost care* at MinuteClinic® locations

Access convenient, local care at MinuteClinic locations inside select CVS Pharmacy® and Target® stores.

Find help when you need it, including nights and weekends.

Get the care you deserve, without the high out-of-pocket costs.

*Applies only to covered services at MinuteClinic®. Video visits are not a covered service under this visit. Members in indemnity plans are not eligible for this benefit. Such members should refer to their benefit plan documents in order to determine coverage and applicable cost share for clinic benefits and services, as applicable. Visit MinuteClinic.com for age and service restrictions.

The no-cost MinuteClinic benefit is not currently available to HMO membership in California, Sutter joint venture membership in California and members in the Indemnity plans are not eligible. Includes select MinuteClinic® services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive MinuteClinic services at no cost-share. However, such services are covered at negotiated contract rates. This benefit is not available in all states or on indemnity plans.

MinuteClinic services

- Minor illnesses and injuries, like allergies, ear infections, flu-like symptoms, bug bites, stings and more
- Skin conditions
- Wellness and physicals
- Screenings and monitoring
- Vaccinations and injections
- Travel health
- Women’s and men’s health services
- Obstructive sleep apnea** screening assessment and diagnosis
- Point of care lab testing

MinuteClinic providers can also write prescriptions, when medically appropriate.

For your best health, we encourage you to have a relationship with a primary care physician or other doctors. Tell them about your visit to MinuteClinic, or MinuteClinic can send a summary of your visit directly to them.

**Sleep apnea screening performed by MinuteClinic. Your MinuteClinic provider may prescribe a home sleep test, sleep test interpretation and diagnosis by an independent third party.
Feeling your best

Living with a behavioral health condition

People of any age, gender, income, race or religion can be affected by:

- Anxiety
- Depression
- Eating disorders
- Substance use disorders

That’s why your medical plan includes behavioral health benefits
We’ve integrated your benefits so that you can take care of the whole you.

So whether you choose face-to-face counseling or prefer televideo counseling, you get convenient access to care, support and other resources — wherever you are.

Whether your condition is mild and short-lived or serious and long-lasting, there are effective treatments that can help.

Behavioral therapy

Behavioral therapy is one of the main ways to treat a behavioral health condition. Also known as talk therapy, it can help you identify issues in your life that can contribute to problems and teach you how to manage and move beyond those issues.
Support on your terms

The information you need, when you need it
Human touch to self-service

Support on your terms

Personal touch
Live interaction with Aetna® concierge by phone

Self-service
24/7 personalized access through Aetna Health℠ digital platforms

Digital health support
Digital tools, programs and resources in one comprehensive online experience

Live contact  Self-service
Thank you
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.

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.

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.
In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.