



We've got you covered

**State of Delaware Employees
and Pre-65 Pensioners**

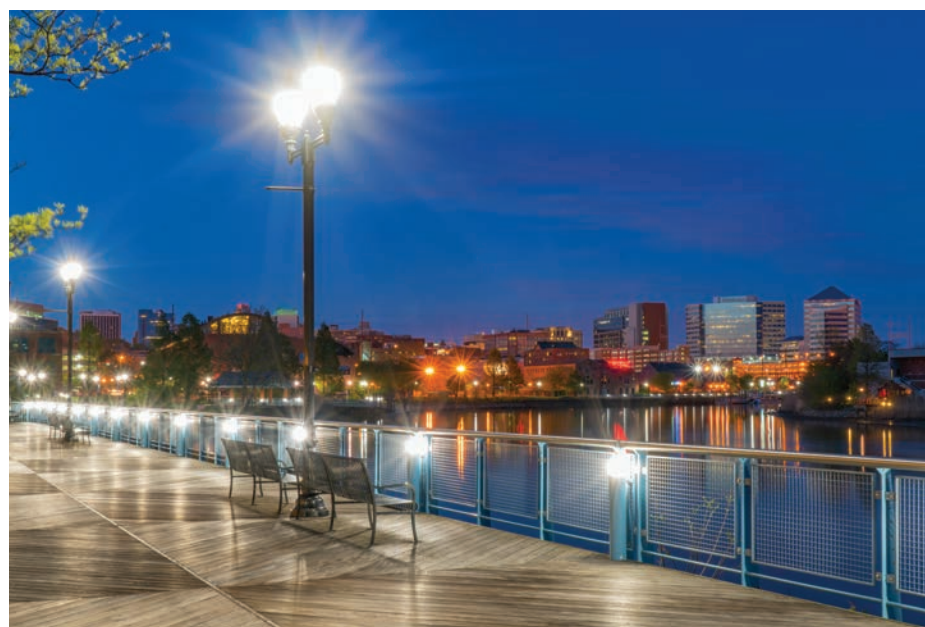
**2025 Aetna Health Plans
Effective July 1, 2025**

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**Aetna offers
you a national
network with
coverage in
all Delaware
counties.**



Your doctor. Your hospital. Your choice.

Welcome to the State of Delaware 2025 Annual Open Enrollment — featuring two Aetna health plans: the Aetna CDH Gold Plan with a HRA Fund and the Aetna HMO Plan

The true worth of any health benefits plan is how it works for you.

That's why, with an Aetna plan, you don't join us, we join you - with excellent member services, programs to keep you healthy and discounts to help you save money.

Enrollment in an Aetna plan puts these advantages on your side...

Excellent member services

Nationally, our network includes more than **2.06** million health care professionals serving **39** million members.**

- Our customer provider search directory - exclusively for State of Delaware members at [MyAetnaNetwork.com](https://myaetnainet.com)
- The secure Aetna member website featuring information on your personal benefits
- Customer service staff with many years of Aetna experience

Coverage that goes where you go

- Nationwide network with coverage in all Delaware counties

- Broad local network of providers in Delaware, Pennsylvania, Maryland and New Jersey
 - All major acute-care hospitals
 - Participating urgent care facilities
 - Walk-in clinics
- Preventive care is covered
- Emergency coverage — anytime, anywhere
- Information and technology to help you be your healthiest

A benefit plan with lots of EXTRAS

- Behavioral health support for you and your loved ones
- A maternity program to keep mom and baby healthy
- Aetna One® Advisor where you will have a single point of contact who can help you address your needs and health goals
- Aetna (24/7) Nurse Line to help answer your health care needs
- YMCA & Solera Diabetes Prevention Program covered at no cost
- Transform Diabetes Care Program. 12-month program that can help keep your diabetes in check
- A wide range of online tools and resources
- A variety of discount programs for extra savings

* Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. For self-funded accounts, plan coverage is offered by your employer, with administrative services only provided by Aetna Life Insurance Company (Aetna).

**Provider counts as of March 2025

How the Aetna CDH Gold Plan with HRA Fund works

You get a health plan for coverage — and a fund to help pay for it

The Aetna CDH Gold Plan is designed with your needs in mind:

- You can see any doctor you want, in- or out-of-network
- Preventive care is covered at 100 percent
- The State of Delaware provides you with a HRA Fund to help cover the deductible
- Health Reimbursement Account dollars remain with members that remain in the CDH Gold plan

There are three parts to your plan — the HRA Fund, the deductible and the health plan.

Here’s how they work:

1. The HRA Fund

Each year, the State of Delaware will fund a health reimbursement account —the HRA fund — for you

You can use the HRA dollars to pay eligible out-of-pocket health care costs

If you don’t use the whole fund in one year, no worries. Unused amounts will roll over to the next year. However, if you change employers or leave the Aetna CDH Gold Plan, you can’t take the HRA fund with you.

2. Your Deductible

This is an amount you must pay for eligible expenses. Once you pay the full deductible, your health plan begins to pay benefits.

As you use the fund, the payments count toward your deductible. So the fund helps pay your deductible. That means you have less to pay out of your own pocket!

And if you’ve been in the CDH Gold plan for over a year, the HRA fund can grow as unused funds will roll over to the next year. It might build up enough to pay your full deductible.

3. Your Health Plan

Once you meet your deductible, your health plan pays its share for eligible expenses. You pay a smaller share of these costs from your own pocket.

CDH Gold Plan: choose from three ways to get health care

1. Visit your PCP

You don’t have to pick a primary care physician (PCP). But there are advantages when you do. Your PCP can develop a better understanding of your health needs, and that can help you make important medical decisions.

2. Visit any network doctor or hospital for care

No referrals are needed and you pay less out of pocket.

Your doctor will:

- Provide routine and preventive care and treat you for some illnesses and injuries
- Get approval from Aetna (called precertification) before providing some services
- File claims for you

3. The freedom to see licensed doctors and specialists out-of-network.

The Aetna CDH Gold Plan has a fund to help you pay for out-of-network medical expenses. But you may have to:

- Get your own approval before receiving some services by calling your Aetna One Advisor Team at **1-877-54-Aetna (1-877-542-3862) (TTY: 711)**.
- Meet the out-of-network annual deductible
- File your own claims
- Pay the difference between the amount paid by your health plan and the amount charged by your doctor

Your out-of-pocket costs are usually higher when you see a doctor who is not in the Aetna network. Find a provider near you at [MyAetnaNetwork.com](https://www.aetna.com)

Pay attention to valuable features

You also get:

Preventive care

Preventive care is covered in full by the Aetna CDH Gold plan when received by an in-network provider. It doesn’t count toward your deductible and nothing is paid from the fund. It includes:

- Routine exams and shots
- Wellness exams for children and adults
- Women’s preventive services, including:
 - Prenatal Care
 - Breastfeeding Supplies
 - Well-woman Care
 - Contraceptive Coverage
 - Immunizations
- Select screenings
- Routine mammograms, including 3D mammograms and diagnostic breast exams and supplemental screening
- Routine hearing exams

Out-of-pocket maximum

You’re protected by a limit on how much you pay in a plan year. First, your out-of-pocket costs must reach this limit. After they do, your health plan covers your remaining eligible expenses at 100 percent for the rest of that plan year.

Remember to check your plan documents so you know your responsibilities



Note: The HRA fund will be prorated for members who enroll or change their level of coverage (an example: from employee and spouse to family, etc.) mid-year, depending on the date of enrollment or change. However, members are responsible for the entire deductible for the plan year.

Aetna CDH Gold Plan

Summary of Benefits

	In-Network	Out-of-Network
Benefits Deductible	\$1,500 Individual / \$3,000 Family*	\$1,500 Individual / \$3,000 Family*
Out-of-Pocket Maximum	\$4,500 Individual / \$9,000 Family**	\$7,500 Individual / \$15,000 Family**
HRA Fund Amount	\$1,250 Individual / \$2,500 Family	\$1,250 Individual / \$2,500 Family
Inpatient Room and Board	10% coinsurance after deductible	30% coinsurance after deductible
Inpatient Physicians’ and Surgeons’ Services	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient Services	10% coinsurance after deductible	30% coinsurance after deductible
Prenatal Care	10% coinsurance after deductible	30% coinsurance after deductible
Postnatal Care	10% coinsurance after deductible	30% coinsurance after deductible
Delivery Fee	10% coinsurance after deductible	30% coinsurance after deductible
Hospice	10% coinsurance after deductible	30% coinsurance after deductible
Home Care Services	10% coinsurance after deductible up to 240 days per plan year	30% coinsurance after deductible up to 240 days per plan year
Urgent Care	10% coinsurance after deductible	30% coinsurance after deductible
Emergency Services	10% after deductible	10% after deductible
Mental Health and Substance Abuse		
Inpatient Acute/Partial Hospitalization	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient	10% coinsurance after deductible	30% coinsurance after deductible
Durable Medical Equipment	10% coinsurance after deductible	30% coinsurance after deductible
The cost/deductible amount, if any, for the following diabetes equipment and supplies purchased through in network providers will not exceed \$35.00 per month: covered blood glucose meters and strips, urine testing strips, syringes, continuous glucose monitors and supplies, and insulin pump supplies.		
Skilled Nursing Facility	10% coinsurance after deductible up to 120 days per confinement	30% coinsurance after deductible up to 120 days per confinement
Emergency Ambulance	10% coinsurance after deductible	30% coinsurance after deductible

*Once the Family Deductible Limit is met, all family members will be considered as having met their deductible.

**Out-of-pocket maximums apply to each benefit year and includes your deductible. Preventive services are listed on page 5.

This Summary of Benefits highlights the health plans available. Summary Plan Description Booklets are available at [DHR.Delaware.gov/benefits/medical/aetna/cdh.shtml](https://dhr.delaware.gov/benefits/medical/aetna/cdh.shtml)

The account contract is the final determination of the benefits and rules of your plan.

For complete list of covered services refer to the plan booklet located at [DHR.delaware.gov/benefits/medical/aetna/cdh.shtml](https://dhr.delaware.gov/benefits/medical/aetna/cdh.shtml)

	In-Network	Out-of-Network
Physician Home/Office Visits (non-routine)	10% coinsurance after deductible	30% coinsurance after deductible
Telemedicine Services (Teladoc Health)	90% per visit after Plan Year deductible	Not covered
Telemedicine Services (Virtual visit with a provider)	90% per visit after Plan Year deductible	70% after Plan Year deductible
Specialist Care	10% coinsurance after deductible	30% coinsurance after deductible
Chiropractic Care (Requires medical necessity except for medically necessary maintenance care provided by license chiropractor)	10% coinsurance after deductible for up to 30 visits per benefit year. No visit maximum for treatment of back pain	25% coinsurance after deductible for up to 30 visits per benefit year. No visit maximum for treatment of back pain
Allergy Testing/Treatment	10% coinsurance after deductible	30% coinsurance after deductible
High Tech Imaging/Radiology	10% coinsurance after deductible	30% coinsurance after deductible
Diagnostic Tests*** (x-ray, blood work, ultrasound)	10% coinsurance after deductible	30% coinsurance after deductible
Short-term Therapies	10% coinsurance after deductible Physical, Speech, Occupational	30% coinsurance after deductible Physical, Speech, Occupational
(Subject to medical necessity review at 25 visits, except for visits for the purpose of treating back pain and for mental health and substance use)		
Routine Physical Exam and Immunizations	100% covered, not subject to deductible	30% coinsurance after deductible
Routine Hearing Exam — 1 exam every 12 months	100% covered, not subject to deductible	30% coinsurance after deductible
Hearing Aids		
Covers 1 hearing aid per ear every 3 years for child to age 24	10% coinsurance after deductible	30% coinsurance after deductible
Infertility Services		
	10% coinsurance after deductible; Comprehensive Infertility & Advanced Reproductive Technology (ART): \$30,000 Lifetime Maximum for medical services	30% coinsurance after deductible; Comprehensive Infertility & Advanced Reproductive Technology (ART): \$30,000 Lifetime Maximum for medical services
Bariatric Surgery		
	Not covered	Covered through Lantern Refer to Lantern plan document DHR.Delaware.gov/benefits/lantern/index.shtml
Orthopedic (Hip/Knee) and Spine Surgery		
	10% coinsurance after deductible	30% coinsurance after deductible

***Quest Diagnostics and Labcorp are the preferred lab providers for diagnostic services (blood work).

Manage your health care and health care spending

The following pages give examples of how the Aetna CDH Gold Plan works over a two-year period for both an individual and a family.

Aetna CDH Gold Plan with a HRA Fund: Employee-Only Plan

Here is an example of how the Aetna CDH Gold Plan with a HRA Fund works over two years.

This example is for an employee-only plan:

- You use in-network doctors and hospitals
- Preventive care is covered at 100 percent and does not count toward your deductible
- The State of Delaware contributes **\$1,250** to the fund
- The Aetna CDH Gold Plan has a **\$1,500** deductible

Year One

- You visit your doctor for a routine physical exam. The exam charge is **\$100**. The Aetna CDH Gold Plan covers preventive care at 100 percent. So, you pay nothing and nothing is paid from the HRA fund.
- Later in the year, you sprain your ankle. During the office visit, your doctor takes X-rays. Your total expense is **\$300** — **\$175** for the X-rays and **\$125** for the office visit.
- If you have not yet met your deductible, you are responsible for paying that **\$300**. Under the Aetna CDH Gold Plan, this amount is paid in full out of the HRA fund. That means you pay nothing out of your own pocket, and the amount paid from the fund reduces your deductible. Your remaining deductible is **\$1,200**. You have no other health care expenses for the rest of the year.

- At the end of Year One, **\$950** remains in the HRA fund. That amount will be rolled over to the next year if you remain enrolled in a CDH Gold Plan through the State of Delaware.

Example: Employee Only, Plan Year One

Here is the plan	
The HRA fund:	\$1,250
Health plan deductible:	\$1,500
After deductible is met:	
Health plan pays:	90% (In-network)
You pay:	10% (In-network)

A look at Year One	
Total expenses:	\$400
The HRA fund:	
You start with:	\$1,250
You use:	\$300
Remaining HRA fund:	\$950
Total amount paid by plan:	\$100
Total amount paid by the HRA fund:	\$300
Total amount you paid:	\$0
HRA fund roll-over to the next plan year:	\$950

Year Two

- Early in the year, you need surgery. The cost is **\$9,200**.
- You start the year with **\$2,200** in the HRA fund. This includes **\$1,250** from the State of Delaware for this year's HRA fund plus **\$950** rolled over from last year's HRA fund. If you have not yet met your **\$1,500** deductible, you must pay that **\$1,500** out of your pocket first. This is paid from your HRA fund leaving a balance of **\$700** in your HRA fund.
- Now that you've met your deductible, there is a balance of **\$7,700** to pay for surgery.
- The health plan now begins to pay. You visited in-network doctors and facilities. So, your health plan pays 90 percent of the balance (**\$6,930**) and you are responsible for 10 percent (**\$770**). However, the HRA fund pays **\$700** and you are responsible for **\$70**.
- At the end of Year Two, the fund balance is **\$0**. You'll start Year Three with a new HRA fund balance of **\$1,250** if you remain in a CDH Gold Plan through the State of Delaware.

Example: Employee Only, Plan Year Two

A look at Year Two	
Total expenses	\$9,200
The HRA fund:	
Year Two employer contribution:	\$1,250
Amount rolled over from Year One:	\$950
Year Two starting HRA fund balance:	\$2,200
You use:	\$1,500
Remaining expenses:	\$7,700

Your deductible	
Health plan deductible (Year Two):	\$1,500
Amount paid from the HRA fund:	\$1,500
Remaining balance of expenses:	\$7,700
Amount you paid to meet the deductible:	\$0
Remaining expenses:	\$7,700

Your health plan	
Amount paid by plan (90% of \$7,700):	\$6,930
Balance due (10% of \$7,700):	\$770
Amount paid by the HRA fund:	\$700
Remaining expenses:	\$0
Total amount paid by plan:	\$6,930
Total amount paid by the HRA fund:	\$2,200
Total amount you paid:	\$70 (your share of the health costs)

Manage your health care and health care spending

Aetna CDH Gold Plan with a HRA Fund: Family Plan

Here is another example of how the Aetna CDH Gold Plan with a HRA Fund works over two years.

This example is for a family plan:

- Your family uses both in- and out-of-network doctors and hospitals
- Preventive care is covered at 100 percent and does not count toward your deductible
- The State of Delaware contributes **\$2,500** to the HRA fund at the family level
- The Aetna CDH Gold Plan has a **\$3,000** family deductible (the family deductible can be met by two or more family members, but no one individual is charged more than the individual **\$1,500** limit)

Year One

- You visit an out-of-network specialist for an exam and testing. The charge is **\$1,000**
- If you have not yet met your family deductible, you are responsible for paying that **\$1,000**. Under the Aetna CDH Gold Plan, this amount is paid in full out of the HRA fund. That means you pay nothing out of your own pocket, and the amount paid from the HRA fund reduces the family deductible. Your remaining family deductible is **\$2,000**.
- Later in the year, your spouse has surgery performed by an in-network doctor. The charge is **\$1,000**.
- Since your family deductible has not been met, you are responsible for paying that **\$1,000**. But again, under the Aetna CDH Gold Plan, this amount is paid in full out of the HRA fund and you pay nothing out of your own pocket. The amount

paid from the HRA fund reduces the family deductible. Your remaining family deductible is now **\$1,000**, and your remaining HRA fund balance is **\$500**.

- Your family has no other health care expenses for the rest of the year
- At the end of Year One, **\$500** remains in the HRA fund. That amount will be rolled over to the next year if you remain enrolled in a CDH Gold Plan through the State of Delaware.

Example: HRA Fund at the Family Level, Plan Year One

Here is the plan	
The HRA fund:	\$2,500
Health plan deductible:	\$3,000
After deductible is met:	
Health plan pays:	90% (In-network) 70% (Out-of-network)
You pay:	10% (In-network) 30% (Out-of-network)

A look at Year One	
Total expenses:	\$2,000
The HRA fund:	
You start with:	\$2,500
You use:	\$2,000
Remaining HRA fund:	\$500
Total amount paid by plan:	\$0
Total amount paid by fund:	\$2,000
Total amount you paid:	\$0
HRA roll-over to next plan year:	\$500

Year Two

- Your daughter has surgery performed by an in-network doctor at an in-network surgical facility. The charge is **\$5,000**
- You start the year with **\$3,000** in the HRA fund at the family level. This includes **\$2,500** from the State of Delaware for this year plus **\$500** rolled over from last year into your HRA fund.
- Your **\$3,000** family deductible has not been met yet; however, no one person must meet more than the **\$1,500** individual deductible. Under the Aetna CDH Gold Plan, the HRA fund pays **\$1,500** toward your family deductible, leaving a balance of **\$1,500** remaining in the HRA fund.
- Now that your daughter’s portion of the family deductible has been met, there is a balance of **\$3,500** remaining for the surgery charge
- The health plan now begins to pay. Your daughter visited an in-network doctor and facility, so, your health plan pays 90 percent of the balance (**\$3,150**) and you pay 10 percent (**\$350**). Under the Aetna CDH Gold Plan, your amount (**\$350**) is paid in full out of the HRA fund.
- Your family has no other health care expenses for the rest of the year
- At the end of Year Two, the HRA fund balance is **\$1,150**. You’ll start Year Three with a new HRA fund balance of **\$3,650** if you remain enrolled in a CDH Gold Plan through the State of Delaware.

Example: HRA Fund at the Family Level, Plan Year Two

A look at Year Two	
Total expenses:	\$5,000
The HRA fund:	
Year Two employer contribution:	\$2,500
Amount rolled over from Year One:	\$500
Year Two starting fund HRA balance:	\$3,000
You use:	\$1,500
Remaining expenses:	\$3,500

Your deductible:	
Health plan family deductible (Year Two):	\$3,000
Amount paid from the fund:	\$1,500
Remaining balance of expenses:	\$3,500
Amount you paid to meet the deductible:	\$0
Remaining expenses:	\$3,500

Your health plan:	
Amount paid by plan (90% of \$3,500):	\$3,150
Balance due (10% of \$3,500):	\$350
Amount paid by HRA fund:	\$350
Remaining expenses:	\$0
Total amount paid by plan:	\$3,150
Total amount paid by HRA fund:	\$1,850
Total amount you paid:	\$0
HRA roll-over to next plan year	\$1,150



How the Aetna HMO Plan works

The Aetna HMO plan lets you work with a primary care physician (PCP). Your PCP will work one-on-one with you to understand your needs. If you need care from another doctor, your PCP will give you a referral. Nothing is better than personal care!

Step #1

Choose a Primary Care Physician (PCP)

- You must choose a PCP and see HMO in-network doctors to receive benefits through this plan
- Your PCP is the doctor you go to first. He or she will help you learn about your health and how to manage it
- You can choose any PCP from a strong local Aetna HMO network — it's your choice. Plus, you'll feel good knowing that anyone you choose meets our standards.
- Choosing a doctor is a personal decision — that's why each member of your family can have his or her own PCP
- You can change your PCP anytime. Just call Member Services at **1-877-542-3862 (TTY: 711)**. Or visit the secure Aetna member website at **Aetna.com**

Step #2

Visit your PCP for care

- Go to your PCP for checkups and whenever you are sick or hurt
- Your PCP will help you decide if you need care from another doctor. If so, your PCP will give you a referral.
- For additional information about referrals visit: **DHR.Delaware.gov/benefits/medical/aetna/pcp.shtml**
- Sometimes you may need care that requires Aetna approval before you get it. Your PCP and other network doctors will get this approval for you.

Step #3

Pay your copay

- When you visit the doctor, you pay a copay. This is a flat dollar amount you pay during your visit.
- See the Summary of Benefits on page 14 for your covered services and copay amounts

Pay attention to valuable features

You also get:

Preventive care

Preventive care is covered in full by the Aetna HMO Plan.

- Routine exams and shots
- Wellness exams for children and adults
- Women's preventative services, including:
 - Prenatal Care
 - Breastfeeding Supplies
 - Well-woman Care
 - Contraceptive Coverage
 - Immunizations
 - Select screenings
- Routine mammograms, including 3D mammograms and diagnostic breast exam and supplemental screening
- Routine hearing exams

Out-of-pocket maximum

You're protected by a limit on how much you pay in a plan year. First, your out-of-pocket costs must reach this limit. After they do, your health plan covers your remaining eligible expenses at 100 percent for the rest of that plan year.

Remember to check your plan documents so you know your responsibilities.



Building a relationship with a PCP is a good idea. He or she will help you make informed decisions about your care.

Finding a PCP is simple!

With our custom online provider search directory for State of Delaware employees and pre-65 pensioners, you can look for a doctor by specialty and location. All the information you need is there — including maps and directions to the doctor's office. You can even look for doctors who speak

your language. Check out the provider search at **MyAetnaNetwork.com**

You can change your PCP at any time.

You can change your designated PCP at any time by calling **1-877-54-Aetna (1-877-542-3862) (TTY: 711)**, or by logging in to the Aetna member website.

Aetna HMO Summary of Benefits

	In-Network Coverage Only
Primary Care Physician (PCP) Selection Required	
Deductible	
Single	N/A
Family	N/A
Out-of-Pocket Maximum	\$4,500 per individual/\$9,000 per family
Primary Care Physician (PCP) Visits	
Office Visits Telemedicine (virtual visit with a provider) \$15 copay per visit	\$15 copay per visit
Telemedicine (Teladoc Health)	\$0 copay per visit for acute issues and behavioral health service using a Teladoc Health provider. \$25 copay per visit using a Teladoc Health provider for Dermatology services.
Specialty Care	
Office Visits Telemedicine (virtual visit with a provider) \$25 copay per visit	\$25 copay per visit (Referrals required for certain service through PCP)
Lab Work (Blood Work)*	Labcorp and Quest Diagnostics (Preferred): \$10 copay per visit Hospital/Other Lab Facility: \$50 copay per visit
Basic Imaging/Radiology (i.e., X-ray, Ultrasound)	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit. Hospital Affiliated Facility: \$50 copay per visit. (Referrals required for certain service through PCP)
High Tech Imaging/Radiology (i.e., MRI, CT Scan)	Non-Hospital Affiliated Freestanding Facility (Preferred): \$0 copay per visit. Hospital Affiliated Facility: \$100 copay per visit.
Chiropractic Care (Requires medical necessity except for medically necessary maintenance care provided by license chiropractor.)	Lesser of \$15 copay or 25% coinsurance (No visit maximum for treatment of back pain. Referral required through PCP)
Outpatient Therapy (occupational, physical, speech)	
Occupational and Physical Therapy (Requires medical necessity) Note: No visit maximum for treatment of back pain for Physical Therapy)	20% coinsurance for update to 45 visits per illness/injury (Referrals required through PCP)
Speech Therapy (Requires medical necessity)	20% coinsurance for update to 45 visits per illness/injury (Referrals required through PCP)
Occupational, Physical and Speech Therapy	No visit maximum or review of medical necessity for the treatment of back pain and for the treatment of mental health and substance use disorder diagnoses. \$15 copay or 20% coinsurance (whichever amount is equal to or less than than 25% of the contracted rate) for the treatment of mental health and substance use disorder diagnoses.

* Quest Diagnostics and Labcorp are the preferred lab providers for diagnostic services (blood work).
The account contract is the final determination of the benefits and rules of your plan.
For complete list of covered services refer to the plan booklet located at [DHR.delaware.gov/benefits/medical/aetna/hmo.shtml](https://dhr.delaware.gov/benefits/medical/aetna/hmo.shtml)

	In-Network Coverage Only
Preventive Care	
Routine Physicals	100% covered
Mammograms (including 3D mammograms)	100% covered 1 per plan year age 40 and over. (Baseline mammogram between ages 35-39)
Routine Digital Rectal Exam/Prostate	100% covered (For males ages 40 and over)
Routine Ob/Gyn Exam	100% covered - 1 exam per plan year
Well-Child Exams/Immunizations	100% covered
Outpatient Surgery	
	Ambulatory Center: \$50 copay per visit. Hospital Facility: \$150 copay per visit
Hospitalization	
Hospital Admission	\$100 copay per day with maximum of \$200 copay per admission
Emergency Room	\$200 copay per visit (waived if admitted)
Ambulance	\$50 copay per trip
Urgent Care Center	\$15 copay per visit
Hearing Aids	
	20% coinsurance. Covers 2 hearing aids every 36 month. 1 additional hearing aid covered due to growth within the 36 month period for child to age 24.
Maternity	
Prenatal Care for the first OB/GYN visit	\$25 copay initial visit
Hospital/Birthing Center/Global Maternity Charge	\$100 copay per day with maximum of \$200 per admission
Durable Medical Equipment	
	20% coinsurance
Infertility services	
	Copay based on place of service where rendered; Comprehensive Infertility & Advanced Reproductive Technology (ART): \$30,000 Lifetime Maximum for medical services
Bariatric Surgery	
	Not covered Covered through Lantern • Refer to Lantern plan document DHR.Delaware.gov/benefits/lantern/index.shtml
Orthopedic (hip/knee) and Spine Surgery	
	COE Facility** (Preferred) \$100 copay per day \$200 copay max per admission Non-COE Facility: \$500 copay per admission

* Non-emergency use of emergency services is not covered. Not all health services are covered. See your Summary Plan Description for a complete description of benefits, exclusions, limitations, and conditions of coverage.
** Aetna refers to Center of Excellence (COE) facilities as Institutes of Quality (IOQ).



Talk to a doctor anytime, anywhere



Welcome to Teladoc Health

Aetna is providing you and your eligible dependents with access to U.S. board-certified doctors and pediatricians by online video. Video consults are available 24/7/365.

HMO plan

Copay applies when applicable

CDH Gold plan

10% coinsurance after deductible is met

Anytime, Anywhere

Teladoc Health does not replace your primary care physician. It is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many of your medical issues.

Experience You Can Trust

Teladoc Health doctors are U.S. board-certified, licensed in your state and average 15 years of practice experience. With your consent, Teladoc Health will provide information about your consult to your primary care physician.

Treat Many Conditions

- | | |
|---|---|
| • Sinus problems | • Ear infection |
| • Bronchitis | • Phone consultations not available in Delaware |
| • Allergies | |
| • Cold and flu symptoms | Get Support for |
| • Respiratory infection | • Stress |
| • Skin conditions such as psoriasis, eczema, acne | • Anxiety |
| | • Depression, and more |

Take a doctor with you

- 1 Set up an account**
Visit the Teladoc Health website and click “Set up account”.
- 2 Provide medical history**
Log in and complete the “My Medical History” tab.
- 3 Request a consult**
A Teladoc Health doctor is always just a call or click away.

Learn more about Teladoc Health:

Teladoc.com/Aetna
1-855-Teladoc (835-2362)
Teladoc.com/mobile
Facebook.com/Teladoc



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Take advantage of your secure member website

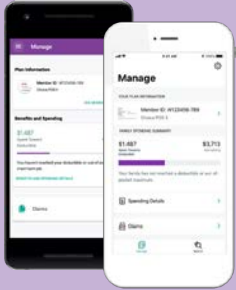
Visit your personalized website anytime, 24/7

Set up your account today to manage your benefits and more.



At Home

Visit your member website at **Aetna.com** to create an account and log in.



On the Go

Get the Aetna Health™ app by texting **"AETNA"** to **90156** for a link to download the app (message and data rates apply).*

It all starts here.

1. Go to **Aetna.com** or download the Aetna Health app
2. Log in using your user name and password or Register as a new user
3. Access the secure member website via Single Sign-on (SSO) through Employee Self-Service*

Our secure connection lets you:

- Find and compare services
- Search for facilities & procedures
- Find in-network providers accepting new patients. You can also change your primary care physician (PCP)
- Estimate and compare costs

Manage claims

- View and sort claims
- Pay your claims

Manage benefits

- See who is covered under your plan
- Access your medical ID card whenever you need it
- Track spending
- Contact Aetna One Advisor Team
- Print standard Aetna forms

Stay healthy

- Look up diseases and conditions like asthma, diabetes, pregnancy
- Start a wellness program or get treatment options

Visit the secure Aetna member website today to learn how your plan works.

Go to **Aetna.com** and click on Login. Once on the home page, click on Watch the video that is personalized just for you to make it easy to understand your health plan.

*Single Sign On (SSO) available to Benefit-eligible State, school district, charter school and higher education employees (with the exception of the University of Delaware) who are currently enrolled in a State of Delaware health plan administered by Aetna through Employee Self-Service employee – **EmployeeSelfService.OMB.Delaware.gov**





Aetna programs to keep you healthy

The Aetna plans available to State of Delaware employees and pre-65 pensioners include the following programs, at no cost to you.

Go online to learn more about women's health.

Go to Aetna Women's Health at WomensHealth.Aetna.com for information on pregnancy and baby care, as well as:

- Reproductive health
- Breast health

- Migraines
- Menopause
- Heart health
- Depression

The more you know, the better chance you have for good health.

Aetna One® Advisor

Connecting health with heart

Your journey to better health starts here

Managing your health and your benefits can be challenging. Your Aetna One Advisor team is here to make it easier. We'll help you get the most from your health care.

Your care team of advisor member advocates, clinical advocates (nurses), well-being advocates, pharmacists, dietitians and more is built around you. And we're all here to help you achieve your best health.

Call your Aetna One Advisor team to:

- Understand your benefits
- Help you save money
- Make sure you're sticking to your care plan
- Simplify your pharmacy regimen
- Find programs to manage stress or help with a condition
- Make health care easier, whatever way you need help

We'll even help you:

- Find a nearby in-network location for urgent care or sick needs
- Locate a nearby in-network lab site
- Select a high-quality physician
- Schedule appointments if you're having trouble keeping up with your or your loved one's care plans

Contact your Aetna One Advisor Team for more information. Our team is available: 8 AM to 6 PM Monday through Friday 1-877-542-3862 (TTY: 711)

Aetna Enhanced Maternity Program[®]

Get the information and special support you need

With the Aetna Enhanced Maternity Program, you can count on us to support you throughout your entire pregnancy journey. The program is included in your Aetna[®] plan. So rest assured, you're getting support and resources at no extra cost to you.

Getting started is easy

- Enroll on your Aetna member website
- Call us at **1-800-272-3531 (TTY: 711)** weekdays from 8 AM to 7 PM ET
- You'll learn about what to expect before and after delivery, early labor symptoms, newborn care and more

We can also:

- Offer you phone-based genetic counseling and screening, as well as convenient, confidential and cost-effective genetic testing
- Help you make informed decisions throughout your pregnancy
- Give you advice on lowering your risk for early labor
- Help you cope with postpartum depression

Extra help for at-risk pregnancies

Personalized nurse support

If you have a health condition or other risk that could affect your pregnancy, we can help. Our nurse case managers will work with you to manage or maybe even lower those risks.

Helping you deliver at the right time

In most cases, full-term babies have fewer health problems than preterm babies. So if you're at risk for early labor, we'll explain the signs and symptoms and help you lower those risks. We'll also talk about treatment options.

Visit the Maternity Support Center

This no-extra-cost resource is available through your member website and offers information about the maternity journey. Whether you're planning for baby, already pregnant or post-delivery, it's personalized for you and where you can find:



Pre-pregnancy
checklists



Coverage details, like
ultrasound costs



Breastfeeding and
postpartum support



Baby-care
tips



More programs to keep you healthy

Healthy Living: YMCA & Solera Diabetes Prevention Program for members age 18 and older.

The YMCA DPP is a year-long lifestyle and health behavior change program. The YMCA DPP is evidence-based, recognized by the CDC and can help participants eat healthier, increase physical activity, lose weight, overcome stress, boost energy and reduce risk of chronic conditions including type 2 diabetes.

- Covered at NO COST!
- In-person or virtual, small group program through the YMCA. Participants will get up to four free months of family membership at the YMCA with active participation.
- To learn more about the Diabetes Prevention Program offered through the YMCA visit YMCAde.org/preventdiabetes or call **1-302-572-9622**. If you live outside of Delaware, visit YMCA.org to find a DPP near you.

The Solera DPP online or in-person program designed to help you lose weight, adopt healthy habits and reduce the risk of developing type 2 diabetes through participation in a personalized program.

- This one-year personalized program includes 16 weekly sessions, followed by monthly sessions for the rest of the year. **You also get:**
 - Access to a lifestyle health coach to help set goals and keep you on track
 - Small group support
 - Helpful tools, such as a Fitbit® - a \$99.95 value, for \$0
- Covered at NO COST!
- Solera will match you with the program that best fits your preferences. You can choose from different programs that are online or in-person and from proven solutions like WeightWatchers® and VP Transform.
- To learn more about Solera and to see if you meet program eligibility criteria by taking a short quiz, visit GoSolera.com/stateofde or call **1-844-578-3601**.
- To learn more visit the SBO website DHR.Delaware.gov/benefits/diabetes/aetna-prevention.shtml

Managing diabetes? Extra support is here.

The Transform Diabetes Care® program is a 12-month program that helps keep your diabetes in check — at no extra cost to you.

It gives you customized guidance based on your specific needs. You may get reminders about refills, doctor appointments or preventive screenings.

Plus, nutrition plans based on what you like and need. With the Health Optimizer™ app, you can monitor your glucose and blood pressure; track and share readings; learn more about diabetes

and maintaining a healthy lifestyle; make meals that align with your dietary restrictions; and more. To stay on track, you can get personalized support from Certified Diabetes Care and Education Specialist nurses. That's in addition to the support from your care management program. If you're managing diabetes, you're enrolled automatically.

For questions about diabetes, or for additional support, please call the Aetna One® Advisor number on your member ID card.

24-Hour Nurse Line

Get your health questions answered anytime, anywhere.

When your health question can't wait, you have a resource to turn to. Get support by calling our 24-Hour Nurse Line*.

Talk with a registered nurse by phone to:

- Learn about health conditions
- Find out more about a medical test or procedure
- Help avoid an unnecessary trip to the emergency room (ER)
- Get help preparing for a doctor visit

Call a nurse at **1-800-556-1555 (TTY:711)** or visit your secure member website at Aetna.com



* While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

Stay well, get fit and save money

Discount programs and services from Aetna.

Who said nothing in life is free? Enroll in an Aetna plan and get — at no added cost — Aetna extras! Our discount programs and services are your ticket to the small luxuries that can help keep you happy and healthy.



Healthy vision Savings on eyewear and exams

With EyeMed, you get:

Plenty of prescription savings

If your vision isn't 20/20, you'll love discounts on:

- Designer frames
- The latest in lens technology
- Non-disposable contact lenses
- Sunglasses, and more

Great rates on eye exams

Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.

Lots of locations

You can visit many doctors in private practice. Plus, national chains like JCPenney Optical, LensCrafters, Target Optical, Sears Optical and Pearle Vision.¹ You can find them all on your member website at [Aetna.com](#)

More eye-openers

- Savings on LASIK laser eye surgery
- Replacement contact lenses, delivered to your door
- Savings on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses

Built-in plan discounts with no referrals, claims or limits. Your family can use them, too.



Hearing your world better Savings on hearing aids and exams

With Hearing Care Solutions, you get:

- **Discounts** on a large choice of hearing aids
- **A three-year supply of batteries**, then you can join a discount battery mail-order program
- **Free in-office service** of hearing aids for one year
- **Free routine cleanings** and battery door replacements for one year after purchase from the original provider

With Amplifon Hearing Health Care, you get:

- **Discounts** on many styles of hearing aids, including programmable and digital hearing aids from leading makers
- **Savings** on hearing exams and hearing aid repairs
- **Free follow-up services** for one full year
- **A two-year supply of batteries**

¹EyeMed Select Network and Provider List

Vision care providers are contracted through EyeMed Vision Care.

LASIK surgery discounts are offered by the U.S. Laser Network and Quallsight

Hearing products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care.



A fit, fabulous you Savings on gyms and health coaching

Healthy lifestyle discounts

Save on gym memberships, health coaching, fitness gear and nutrition products that support a healthy lifestyle.

A healthier you

You get access to local and national discounts on brands you know.

Health coaching

Try one-on-one coaching to lose weight, ease stress or reach another goal.

At-home weight-loss program

Get weight-loss tips and menus and track progress from the privacy of your home.

Even more savings

You also save on:

- Wearable fitness devices
- Yoga, meditation and wellness programs
- Group fitness on demand

Healthy food options

Enjoy healthy food options like meal delivery to your home, on your schedule.



A natural health boost Savings on therapeutic services and products

Natural therapy services

You can try these services* at a discount

- Ease stress and tension with **therapeutic massage**
- Heal pain or stress points with **acupuncture**
- Relieve neck and back pain with **chiropractic care**
- Consult registered dietitians for **nutritional advice**

It's easy:

Log in to your member website at [Aetna.com](#) to find program professionals. Then, just take your Aetna ID card to your visit.

Natural products, too

You can also order healthy items you use every day, like **over-the-counter vitamins** and **yoga equipment**. Plus, aromatherapy, natural body care products and herbal and nutritional supplements.

At-home products

Save on blood pressure monitors, pedometers and activity trackers, electrotherapy TENS units (devices for pain relief), and many other Omron® products.

Ready to browse and buy? Just log in to your member website at [Aetna.com](#) for easy ordering instructions.

How to get started

Once you're an Aetna member, simply log in to your member website at [Aetna.com](#). It's where you manage your benefits and save money. **Here's what you can do:**

- | | | |
|---|--|-------------------------------|
| • Find a vision, hearing or natural therapy professional | • Sign up for a weight-loss program | • Buy health products |
| | | • Find a gym, and more |

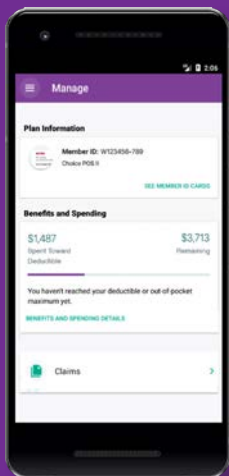
*Natural products and services are offered through ChooseHealthy®, a program provided by ChooseHealthy, Inc. which is a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a registered trademark of ASH and is used with permission.

DISCOUNT OFFERS ARE NOT INSURANCE. They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third party vendors and providers. Aetna makes no payment to the third parties - you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts. Discount vendors and providers are not agents of Aetna and are solely responsible for the products and services they provide. Discount offers are not guaranteed and may be ended at any time. Aetna may get a fee when you buy these discounted products and services.

LifeMart® discounts: Other discounts are offered through the LifeMart® member discount program, offered by LifeCare, Inc. LifeMart® is a registered trademark of LifeCare, Inc. and is used with permission.

We look forward to welcoming you and your family as Aetna plan members...and to providing the coverage, services, information and tools you may need.

Enroll today!



Aetna HealthSM App: Text “AETNA” to 90156 for a link to download the Aetna Health app*, OR Scan the QR code.



*Standard Text Messaging rates may apply.

If you need this material translated into another language, please call Aetna One Advisor Team at 1-877-54-Aetna (1-877-542-3862) (TTY: 711).

Si usted necesita este documento en otro idioma, por favor llame a Servicios al Miembro al 1-877-54-Aetna (1-877-542-3862) (TTY: 711).

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Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.