



2024 Banner|Aetna HMO Plan at a Glance

The table below provides a high-level overview of the Banner|Aetna HMO benefits. For detailed information, go to Worklife and click on “My Total Rewards & Benefits” in the Quick access box to go to the Total Rewards portal.

Plan Feature	Participant Out-of-Pocket Expenses
Annual deductible	N/A
Preventive care (per applicable age and frequency guidelines)	No cost
Annual out-of-pocket maximum (applies to medical and prescription drug expenses)	Individual: \$7,350 Family: \$14,700
Office visits	Primary care provider: \$0 Specialist: \$40 copayment
Inpatient hospital	\$300 copayment/admission
Emergency room	\$100 copayment
Urgent care	\$50 copayment
Mental health and substance use disorder treatment	Outpatient: \$0 Inpatient: \$300 copayment/admission
Retail pharmacy (30-day supply) administered by Prime Therapeutics	
Generic	\$10 copayment
Brand-name formulary	\$35 copayment
Brand-name nonformulary	\$50 copayment
Mail-order pharmacy (90-day supply) administered by Prime Therapeutics	
Generic	\$10 copayment
Brand-name formulary	\$35 copayment
Brand-name nonformulary	\$125 copayment

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