Good health above all

2024 Open Enrollment for State Farm



Your health journey starts with Banner|Aetna

Health care coverage focused on you

Banner | Aetna is helping to transform health care in Arizona, creating a more patient-centered system through:

- Easier access to doctors and care
- Simpler ways to communicate directly with your doctors
- Convenient tools to track your health care progress
- A concierge customer service team

It starts with the primary care doctor you choose to lead your care team. You'll need to do this first. Then, they'll get to know you and your medical history and see you for regular preventive visits.

And if you get sick, your primary care doctor will not only treat you, but will coordinate your care with any network specialists and facilities you may need.

Choose the Banner|Aetna plan if you:

- Want to know what you'll pay when you need care
- Want a low-deductible plan
- · Like a lower out-of-pocket maximum
- Tend to use in-network providers

Banner |Aetna is the brand name used for products and services provided by Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. Health benefits and health insurance plans are offered and/or underwritten by Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna). Each insurer has sole financial responsibility for its own products. Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. are affiliates of Banner Health and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna and Banner Health provide certain management services to Banner|Aetna.



Convenience, savings & support

The Banner|Aetna plan comes with tools and resources to help you live healthy, spend wisely and know more about your care. And when you need answers quickly, they're just a call or click away.



Finding a network doctor is easy

With our provider search tool, you can find doctors by name, specialty, location and more. Visit **AetnaPlanOfferings.com** and select **Banner Aetna information**. When you arrive on the home page, you'll see a link to the **online directory** to begin your search.

Then, as a Banner|Aetna member, you may be able to connect with your network provider through your member portal:

- View medical records
- Email your provider
- Make an appointment

Note: Not all of these features may be available in every provider's portal.

Personalized support

Support with one call

Whether you have claims or clinical questions, a customer service concierge will stay on the line with you until all of your needs are met — just call the number on the back of your ID card.



Nurse support

Nurse On-Call

Talk to a nurse day or night for help determining if your situation can be addressed at home, or if you should seek urgent or emergency care. Your nurse can even make an appointment for you. To reach your Nurse On-Call, call **1-888-747-7990**.

While only your doctor can diagnose, prescribe or give medical advice, the Banner Health Nurse On-Call nurses can provide information on a variety of health topics.



Your member portal

The member portal is the gateway to your personal health information and plan resources that put you in control of your benefits. You can use the portal to:

- · Find in-network doctors and view cost estimates of care
- Get 24/7 access to your personal claims, plan deductible and out-of-pocket limit information
- View or print a copy of your ID card
- Access wellness and discount programs
- · Find no-cost or low-cost care, including virtual care
- Access wellness and discount programs
- Access resource centers for cancer, maternity, and behavioral health

Care that's convenient and reliable





View the full performance network coverage area to discover all the Banner Aetna locations near you.

\$0 MinuteClinic[®] visits*

MinuteClinic is a walk-in medical clinic inside select CVS Pharmacy[®] and Target stores. MinuteClinic health care providers treat and diagnose a variety of illnesses, injuries and conditions. They can also write prescriptions when medically appropriate. You and your covered family members can access most covered MinuteClinic services at no cost.* For your best health, we encourage you to have a relationship with a primary care doctor or other doctor. Tell them about your visit to MinuteClinic, or MinuteClinic can send a summary of your visit directly to them.

Visit MinuteClinic.com to find information on locations near you or to make an appointment.

*Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult your benefits 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 and on indemnity plans. Visit **MinuteClinic.com** for age and service restrictions.

Benefits at a glance

		In-network providers
Deductible	Employee only	\$500
	Family	\$1,000
Out-of-pocket maximum	Employee only	\$2,000
	Family	\$4,000
What you pay for covered service	Preventive care	Covered 100%; deductible waived
	Doctor visit	\$30 copay; deductible waived
	Specialist visit	\$50 copay; deductible waived
	Emergency room	\$200 copay; deductible waived
	Non-emergency care in emergency room	Not covered
	Urgent care	\$75 copay; deductible waived
	Hospital	20% after deductible

Definitions

Premium: The amount you pay for your plan, regardless of whether services are received.

Deductible: The amount you pay for services before the plan begins to pay. It typically counts toward your out-of-pocket maximum. Please check plan details to confirm.

Copay/coinsurance: The amount you pay per visit or prescription to treat an injury or illness. It typically counts toward your out-of-pocket maximum. Please check plan details to confirm.

Out-of-pocket maximum: The highest amount you could pay for services in a given year, excluding premium.

Compare plans, estimate costs

Step		Banner Aetna plan	PPO plan	HSA plan
Step 1: Enter yearly premium amount.	Monthly premium x 12 months			
Step 2: Enter your medical deductible and annual	Deductible			
out-of-pocket maximum for each plan. Under copay/coinsurance, enter your expected out-of-pocket costs.	Out-of-pocket maximum			
Take into account the deductible and out-of-pocket maximum you listed.	Copay/coinsurance			
Step 3:	Enter Yes or No.			
Are your doctors in network?	Under the Banner Aetna plan, you must stay in network to get coverage.			
Step 4: Add your yearly premium plus the total from your cop deductibles and out-of-pocket maximums.				
Final step: Compare and choose the plan that best meets your n	eeds.			

98point6.

Convenient, affordable care — on demand

The Banner|Aetna plan includes access to 98point6[®] for 24/7 care and support. This tool lets you connect with a licensed primary care doctor on demand via text message right from your smartphone or mobile device.

Whether you're traveling for work or vacation, moving to the other side of town, or sending your kids off to college, with 98point6, you and your family can always take your health care along.



Start a visit anytime, anywhere to:

- Address primary care concerns and symptoms
- \cdot Get a diagnosis, treatment and prescription
- Find support for a chronic condition, and more.



Expect more from your health care with on-demand virtual primary care from 98point6 — at \$0 per visit.*

To get started, down the app and register, then start a visit.



LEARN MORE AT: 98point6.com/banner-aetna-members

*The \$5 cost-share for Banner|Aetna members with HSA-compatible plans will be waived for all 98point6 virtual care visits through December 31, 2024, to comply with the Consolidated Appropriations Act, 2023.





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You may be able to continue your treatment

Are you receiving ongoing treatment from a provider who's not in the network? If you are newly transitioning to a Banner|Aetna plan, you may qualify for transition-of-care benefits. If approved, you may continue seeing your current provider and receive the in-network level of benefits.

Here are some situations that may qualify for transition of care:

- Chemotherapy or radiation therapy
- Organ transplants
- Pregnancy
- Recent major surgery
- Terminal illness

To learn more and apply, call your Banner|Aetna concierge customer service team at **1-866-396-1787 (TTY: 711)** and ask for a Transition Coverage Request form.

Aetna[®] 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.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Health benefits plans contain exclusions and limitations. Providers (including Banner Health Nurse On-Call nurses) are independent contractors and not our agents. Provider participation may change without notice. We do 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 are subject to change and may vary by location. Information is believed to be accurate as of the production date; however, it is subject to change.

98point6[®] and 98point6 physicians are independent contractors and are neither agents nor employees of Banner|Aetna or plans administered by Banner|Aetna. Using the 98point6 app does not replace your primary care doctor and does not guarantee that a prescription will be written. 98point6 physicians will not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. Physicians reserve the right to deny care for potential misuse of services.

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