

Aetna Health Inc.

Consumer choice plan disclosure statement

This health plan does not include the same level of benefits required in other plans.

This HMO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans.

The benefits or coverages you are agreeing to on this renewal are different from your current plan. To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."

| Benefit/coverage: | This plan: | A health plan with required benefits (state-mandated plan): |
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| <p>Deductible** The amount you pay for care before the plan begins to share the cost.</p> | <p>Has a deductible.</p> | <p>Has no deductibles for in-network care.</p> |
| <p>Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.</p> | <p>Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.</p> | <p>A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.</p> |
| <p>Early intervention services for children with developmental delays The offer of coverage for children with developmental delays is eligible to the extent recommended in child's individualized family service plan and includes: occupational therapy evaluations and services; physical therapy evaluations and services; speech therapy evaluations and services; and dietary or nutritional evaluations.</p> | <p>Not offered/Not covered</p> | <p>Offered</p> |
| <p>Rehabilitation Services Care that helps you improve skills for daily living.</p> | <p>Includes a limit on the number of visits per year for speech therapy, occupational therapy, and physical therapy.</p> | <p>No limit on visits</p> |
| | <p>Important Note: When the service or therapy is considered medically necessary by your physician, your service or therapy will</p> | |

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| | continue as long as the service or therapy meets or exceeds treatment goals. | |
| Spinal Manipulation/Chiropractic Care Care that helps you improve skills for daily living. | Includes a limit on the number of visits per year. | No limit on visits |

** The Deductible does not apply to the AI/AN \$0 deductible plans.

If you want a plan with all required benefits:

We also offer a state-mandated plan that includes all required benefits. This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs.

To learn more about this plan, call 1-844-365-7375 (TTY: 711).

By signing this form, you acknowledge the following:

- I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
- I understand if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period.
- I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, www.tdi.texas.gov/consumer/consumerchoice.html, or by calling the Consumer Help Line at 1-800-252-3439.

Don't sign this document if you don't understand it.

No firme este documento si no lo comprende.

Print the name of the person applying: _

Signature of the person applying: _

Date of signature: _

Name of business, if applicable: _
