

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.

**To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."**

<b>Benefit/coverage:</b>	<b>This plan:</b>	<b>A health plan with required benefits (state-mandated plan):</b>
<p><b>Deductible**</b> 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><b>Out-of-pocket costs</b> 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 elect the plan.</p>
<p><b>Early intervention services for children with developmental delays</b> 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><b>Rehabilitation Services</b> 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><b>Important Note:</b> When the service or therapy is considered <b>medically necessary</b> by your <b>physician</b>, your service or therapy will continue as long as the service or therapy meets or</p>	

	exceeds treatment goals.	
<b>Spinal Manipulation/Chiropractic Care</b> 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](http://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: \_**

---