

Aetna[®]

benefits at a glance

2024 General Motors Salaried ConnectedCare Option

| | In network | Out of network |
|--|---|---|
| Deductibles, copays, coinsurance and dollar maximums | | |
| Deductible — per calendar year | \$1,750 Single \$3,500 Two Party \$4,150 Family | \$3,500 Single \$7,000 Two Party \$8,300 Family |
| Copays • Fixed-dollar copays | None | None |
| Coinsurance • Percent coinsurance | 10% | 30% |
| Out-of-pocket maximum | \$2,550 Single \$5,100 Two Party \$6,250 Family | \$5,100 Single \$10,200 Two Party \$12,500 Family |
| Lifetime maximum | No lifetime maximum | |
| Preventive services | | |
| Certain preventive services are not subject to the deductible and are covered at 100% when received from an in-network provider. | | |
| Health maintenance exam — 1 per calendar year | Covered – 100% | Covered – 70% of allowable amount |
| Routine physical-related tests X-rays, EKG and lab procedures performed as part of the health maintenance exam | Covered – 100% | Covered – 70% of allowable amount |
| Annual gynecological exam — limitations apply | Covered – 100% | Covered – 70% of allowable amount |
| Pap smear screening — 1 per calendar year | Covered – 100% | Covered – 70% of allowable amount |
| Mammography screening — 1 per calendar year, 40 years and over | Covered – 100% | Covered – 70% of allowable amount |
| Contraceptive methods and counseling | Covered – 100% | Covered – 70% of allowable amount |
| Prostate-specific antigen (PSA) screening — 1 per calendar year, 40 years and over | Covered – 100% | Covered – 70% of allowable amount |
| Endoscopic exams — limitations apply | Covered – 100% | Covered – 70% of allowable amount |
| Well-child care — limitations apply | Covered – 100% | Covered – 70% of allowable amount |
| Immunizations — pediatric and adult | Covered – 100% | Covered – 70% of allowable amount |

Note: The “allowable amount” is the maximum amount the plan will pay for a covered service. Some providers may charge above this amount.

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna).

2024 General Motors Salaried ConnectedCare Option (continued)

| | In network | Out of network |
|---|--------------------------------|-----------------------------------|
| Physician office services | | |
| Office visits | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Teladoc Health consultation | Covered – 90% after deductible | Not covered |
| Office consultation | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Pre-surgical consultation | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Emergency medical care | | |
| Hospital emergency room (qualified medical emergency) | Covered – 90% after deductible | Covered – 90% of allowable amount |
| Non-emergency use of the emergency room | Not covered | Not covered |
| Urgent care services | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Ambulance services — medically necessary transport | Covered – 90% after deductible | Covered – 90% of allowable amount |
| Diagnostic services | | |
| MRI, MRA, PET and CAT scans, and nuclear medicine | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Diagnostic tests, X-rays, laboratory and pathology | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Radiation therapy | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Chemotherapy | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Maternity services provided by a physician | | |
| Prenatal care visits | Covered – 100% | Covered – 70% of allowable amount |
| Postnatal care visits | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Delivery and nursery care | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Hospital care | | |
| Semi-private room, inpatient physician care, general nursing care, hospital services and supplies — limitations apply | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Inpatient medical care | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Alternatives to hospital care | | |
| Pre-hospice care — limitations apply | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Hospice care — limitations apply | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Home health care | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Skilled nursing — limitations apply | Covered – 90% after deductible | Not covered |
| Surgical services | | |
| Surgery (includes related surgical services) | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Sterilization (excludes sterilization reversal) | Covered – 90% after deductible | Covered – 70% of allowable amount |

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2024 General Motors Salaried ConnectedCare Option (continued)

| | In network | Out of network |
|---|--------------------------------|-----------------------------------|
| Gender-affirming services | | |
| Certain gender-affirming services | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Behavioral health and substance abuse services | | |
| Inpatient behavioral health care and substance abuse treatment | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Outpatient behavioral health care and substance abuse treatment | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Other services | | |
| Durable medical equipment | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Prosthetic and orthotic devices | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Private duty nursing | Not covered | Not covered |
| Allergy testing and therapy | Covered – 90% after deductible | Covered – 70% of allowable amount |
| Therapy services | | |
| Physical, occupational and speech therapy | Covered – 90% after deductible | Covered – 70% of allowable amount |

Note: The following services require preapproval: inpatient care, select radiology and diagnostic services, gender-affirming services, inpatient behavioral health care and substance abuse treatment, and skilled nursing.

Hearing

To be payable, hearing care benefits must be received from an in-network provider and in the order listed below.

| | |
|-----------------------------|---|
| Deductible | \$1,750 Single \$3,500 Two Party \$4,150 Family |
| Frequency limitation | Once every 36 months |
| Benefit maximum | \$2,000 |
| Audiometric exam | Covered – 90% after deductible |
| Hearing aid evaluation | Covered – 90% after deductible |
| Hearing aid | Covered – 90% after deductible |
| Hearing aid conformity test | Covered – 90% after deductible |

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Providers are independent contractors and are not agents of Aetna®. Provider participation may change without notice. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.