

# Aetna<sup>®</sup>

## benefits at a glance

### 2025 General Motors Salaried PPO Basic Option

	In network	Out of network
<b>Deductibles, copays, coinsurance and dollar maximums</b>		
Deductible — per calendar year	\$2,050 Single \$4,000 Two Party \$4,600 Family	\$4,100 Single \$8,000 Two Party \$9,200 Family
Copays • Fixed-dollar copays	None	None
Coinsurance • Percent coinsurance	10%	30%
Out-of-pocket maximum	\$2,850 Single \$5,600 Two Party \$6,700 Family	\$5,700 Single \$11,200 Two Party \$13,400 Family
Lifetime maximum	No lifetime maximum	
<b>Preventive services</b>		
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).**

## 2025 General Motors Salaried PPO Basic Option (continued)

	In network	Out of network
<b>Physician office services</b>		
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
<b>Emergency medical care</b>		
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
<b>Diagnostic services</b>		
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
<b>Maternity services provided by a physician</b>		
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
<b>Hospital care</b>		
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
<b>Alternatives to hospital care</b>		
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
<b>Surgical services</b>		
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

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

## 2025 General Motors Salaried PPO Basic Option (continued)

	In network	Out of network
<b>Gender-affirming services</b>		
Certain gender-affirming services	Covered – 90% after deductible	Covered – 70% of allowable amount
<b>Behavioral health and substance use disorder services</b>		
Inpatient behavioral health care and substance use disorder	Covered – 90% after deductible	Covered – 70% of allowable amount
Outpatient behavioral health care and substance use disorder	Covered – 90% after deductible	Covered – 70% of allowable amount
<b>Other services</b>		
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
<b>Therapy services</b>		
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 use disorder 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	\$2,050 Single \$4,000 Two Party \$4,600 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** for more information about Aetna plans.