

HSA Gold: Aetna Choice POS II

Call the Aetna Informed Health Line for Answers to Health Questions

Aetna offers a toll-free resource called Informed Health Line that gives you the opportunity to speak to an experienced registered nurse 24 hours a day, seven days a week. You can reach the Aetna Informed Health Line at **1-800-556-1555**.

Visit the Aetna Navigator and Take Control of Your Health Care

As a member of the Plan, you can visit the Aetna Navigator,[™] an Internet site that gives you access to your own claims, eligibility data, network providers and valuable health information. You can also print out your ID card from the site. You and your covered dependents can register on www.aetna.com.

Teledoc:

Teladoc gives you 24/7/365 access to U.S. board-certified doctors who can treat many of your medical issues by phone or video. Teladoc doctors can treat medical conditions such as cold & flu symptoms, allergies, respiratory infections and more. It is a convenient and affordable option for quality care.

Aetna In Touch Caresm

You have access to a personalized condition management program designed to help you make lifestyle changes that may improve your health. If you or a family member has a condition that needs ongoing care, such as asthma, congestive heart failure, coronary artery disease or diabetes, contact Aetna In Touch Care at **1-800-732-2165**.

Aetna Beginning Rightsm Maternity Program

If you or your partner are pregnant or planning a pregnancy, take advantage of this special program that can help you become well-informed about your pregnancy and know what to expect before and after your new baby arrives. To enroll, call **1-800-CRADLE-1** (1-800-272-3531).

Find Out if Your Doctor Is in the Network

To find a doctor in the Aetna network, visit www.aetna.com. The site is designed specifically for Grainger plan participants for fast, accurate search results. You may also call Member Services at **1-800-732-2165**.

Your Health Savings Account (HSA) will be automatically opened for you at UMB Bank. You can monitor the status of your account on the Your Spending Account[™] page on the *Your Benefits Resources* website at www.ybr.com/grainger. In 2017, Grainger will contribute \$500, \$750 or \$1,000 (prorated based on when you join Grainger), depending on your coverage level, to an HSA for you, and you can make additional tax-free contributions up to \$3,400 if you have employee only coverage or \$6,750 if you have family coverage. **Note: These annual federal limits include Grainger's contributions.** Your contributions can be used toward qualified health care expenses. If you are at least age 55, you can make additional "catch-up" contributions up to \$1,000 in 2017.

Important Note: You will need to actively choose your annual HSA contribution goal. HSA elections and contribution changes will be effective the first of the month following your enrollment or change.

A Summary of Your Benefits

Here is a summary of your benefits under the Plan. After you receive your Explanation of Benefits (EOB), you can pay for your deductible, copayments and your share of coinsurance with tax-free savings from your health savings account.

	HSA Gold: Aetna Choice POS II Plan	
Benefit Level	In-Network	Out-of-Network
Annual Deductible¹		
Individual	\$1,500	\$1,500
Family ³	\$3,000	\$3,000
Out-of-Pocket Maximum²		
Individual	\$3,000	\$3,000
Family ³	\$6,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited
Physician Services		
Office Visits	Plan Pays: 80% after deductible	Plan Pays: 60% after deductible
Preventive Care	100%; no deductible	Not covered
Diagnostic and Laboratory	80% after deductible	60% after deductible
Hospital Services		
Physician Visits	80% after deductible	60% after deductible
Room and Board	80% after deductible	60% after deductible
Maternity	80% after deductible	60% after deductible
Diagnostic Services and Laboratory	80% after deductible	60% after deductible
Emergency Services	80% after deductible	60% after deductible
Other Services		
Hospice Care	80% after deductible	60% after deductible
Home Health Care	80% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	60% after deductible

¹ Includes health, prescription drug and behavioral health expenses.

² Includes health, prescription drug and behavioral health expenses. Once you reach your out-of-pocket maximum, the plan pays 100% of eligible expenses.

³ The family deductible and out-of-pocket maximum can be met by one or more family members.

Important Resources

- Aetna Informed Health Line **1-800-556-1555**
- Aetna In Touch Care **1-800-732-2165**
- Aetna Beginning Right Maternity Program **1-800-272-3531**
- Aetna Member Services **1-800-732-2165**
- Aetna Teledoc **1-800-Teledoc**
- Aetna Navigator and Online Provider Listings **1-800-316-3099**
- Express Scripts **1-800-251-9054**
- OptumHealth Behavioral Solutions (UBH)

Prescription Drug and Behavioral Health Benefits

When you enroll in the Health Plan, you automatically receive coverage under the Prescription Drug and Behavioral Health Programs. You do not need to enroll for these benefits separately.

Prescription Drug Program

The Prescription Drug Program—administered by Express Scripts—includes a network of national retail pharmacies, as well as a home delivery program. Visit www.express-scripts.com for more information. Here is an overview of your prescription drug benefits:

Type of Service	Retail Pharmacy Network		Home Delivery
	In-Network	Out-of-Network ¹	Copayment/Coinsurance (per prescription)
	Copayment/Coinsurance (per prescription)		
You Pay	You Pay	You Pay	
Generic	Preventive: 100%; no deductible Non-preventive: \$5 copay after deductible is met	70% of cost or \$5 minimum copay after deductible is met	Preventive: 100%; no deductible Non-preventive: \$10 copay after deductible is met
Brand Formulary	25% of cost or \$20 minimum copay after deductible is met	70% of cost or \$20 minimum copay after deductible is met	20% of cost or \$40 minimum copay after deductible is met
Brand Nonformulary	25% of cost or \$45 minimum copay after deductible is met	70% of cost or \$45 minimum copay after deductible is met	20% of cost or \$90 minimum copay after deductible is met
Deductible			
Combined with health plan deductible ²			
Annual Out-of-Pocket Maximum			
Combined with health plan out-of-pocket maximum ³			

¹When you use an out-of-network pharmacy to fill a brand formulary or brand nonformulary prescription, you will pay for the prescription in full and file a claim to be reimbursed for 30% of the cost.

²The Aetna HSA Gold health plan deductible includes health, prescription drug and behavioral health costs.

³The Aetna HSA Gold health plan out-of-pocket maximum includes health, prescription drug and behavioral health costs.

Behavioral Health Program

The Behavioral Health Program—administered by OptumHealth Behavioral Solutions (formerly UBH)—includes a network of behavioral health professionals who provide behavioral health/substance abuse services. Visit www.liveandworkwell.com then enter “grainger” for more information. Here is an overview of your behavioral health benefits:

	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay	Plan Pays
Inpatient	20% after deductible is met	80% after deductible is met	40% after deductible is met	60% after deductible is met
Outpatient				
Deductible	Combined with health plan deductible ⁴		Combined with health plan deductible ⁴	
Annual Out-of-Pocket Maximum	Combined with health plan out-of-pocket maximum ⁵		Combined with health plan out-of-pocket maximum ⁵	
Lifetime Plan Maximum	Unlimited			

⁴The Aetna HSA Gold health plan deductible includes health, prescription drug and behavioral health costs.

⁵The Aetna HSA Gold health plan out-of-pocket maximum includes health, prescription drug and behavioral health costs.

The information in this summary highlights particular provisions of each health plan. A more complete description can be found in the legal plan documents governing each plan. If there is any inconsistency between this material and the respective plan document, the plan document will govern.