

POS Platinum: Aetna Choice POS II Plan

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. Teledoc 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 Caresm 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**.

Important Resources

| | |
|--|-----------------------|
| • Aetna Informed Health Line | 1-800-556-1555 |
| • Aetna In Touch Care | 1-800-732-2165 |
| • Aetna Beginning Right Maternity Program | 1-800-727-3531 |
| • Aetna Member Services | 1-800-732-2165 |
| • Aetna Teledoc | 1-800-Teledoc |
| • Aetna Navigator and Online Provider Listings | 1-800-732-2165 |
| • Express Scripts | 1-800-316-3099 |
| • OptumHealth Behavioral Solutions (UBH) | 1-800-251-9054 |

A Summary of Your Benefits

Here is a summary of your benefits under the Plan:

| Benefit Level | POS Platinum: Aetna Choice POS II Plan | |
|---|--|--|
| | In-Network | Out-of-Network |
| Annual Deductible¹ | | |
| Individual | \$300 | \$600 |
| Family Maximum | \$600 | \$1,200 |
| Out-of-Pocket Maximum² | | |
| Individual | \$2,250 | \$6,000 |
| Family | \$4,500 | \$12,000 |
| Lifetime Plan Maximum | Unlimited | Unlimited |
| Physician Services | Plan Pays: | Plan Pays: |
| Office Visits | 100% after \$25 copayment (no deductible) | 60% after deductible |
| Preventive Care | 100% covered (no deductible) | 100% of eligible expenses, up to \$500 a calendar year (no deductible) |
| Diagnostic and Laboratory | 80% after deductible | 60% after deductible |
| Hospital Services | Plan Pays: | Plan Pays: |
| 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 Procedures | 80% after deductible | 60% after deductible |
| Emergency Services | 100% after \$100 copayment (waived if admitted) | 100% after \$100 copayment (waived if admitted) |
| Other Services | Plan Pays: | Plan Pays: |
| Hospice Care | 80% after deductible | 60% after deductible |
| Home Health Care | 80% after deductible; maximum 100 visits per calendar year | 60% after deductible; maximum 100 visits per calendar year |
| Outpatient Surgery | 80% after deductible | 60% after deductible |

¹You must satisfy your deductible for physician, hospital and other services before the plan pays benefits.

²Once you reach your out-of-pocket maximum, the plan pays 100% of eligible expenses.

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 | \$5 | 70% of cost (\$5 minimum) | \$10 |
| Brand Formulary | 25% of cost (\$20 minimum) | 70% of cost (\$20 minimum) | 20% of cost (\$40 minimum) |
| Brand Nonformulary | 25% of cost (\$45 minimum) | 70% of cost (\$45 minimum) | 20% of cost (\$90 minimum) |
| Deductible | | | |
| Annual Per-Person Deductible | None | | None |
| Annual Out-of-Pocket Maximum | | | |
| Calendar Year Maximum | \$2,250 per person (up to four times the maximum amount; \$9,000 per family) (This is a combined out-of-pocket maximum—retail plus home delivery.) Out-of-network expenses do not apply toward the annual out-of-pocket maximum. | | |

¹You pay the full cost of your prescription at the time of purchase. You then must file a claim to be reimbursed for 30% of the medication's cost.

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 |
|------------------------------------|--|---|
| Annual Deductible | Combined with health plan deductible | Combined with health plan deductible |
| Outpatient Office Visit | Plan pays 100% after \$25 copayment (no deductible) | Plan pays 60% after deductible |
| Inpatient | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Out-of-Pocket Maximum ² | Combined with health plan out-of-pocket maximum | Combined with health plan out-of-pocket maximum |
| Lifetime Plan Maximum | Unlimited | |

²Once you reach your out-of-pocket maximum, the plan pays 100% of eligible expenses.

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.