

2024 National HMO Plan

The National HMO plan* is administered by Aetna and designed for people who are able to pay higher premiums out of their paychecks in exchange for lower out-of-pocket costs when they use healthcare services. You pay copays for your medical care within the same robust Aetna network used by all other Aetna options, but you don't receive any of the out-of-network benefits that are offered with the Basic, HSA, and PPO plans. This plan is designed for people who are able to pay higher premiums for out-of-network benefits.

How the Plan Works

The National HMO plan offers no-cost preventive care and copays for all in-network covered services with no deductible. If you meet your out-of-pocket maximum, you pay nothing for in-network covered services.

The National HMO plan does not require a referral to see a specialist, but you must choose in-network providers for all of your medical care. You will pay the full cost of any out-of-network care you receive, with the exception of care relating to a life-threatening emergency.

If you reach the annual out-of-pocket maximum, you won't pay anything for covered services for the rest of the year.

Note: Due to differences in network coverage in some areas of the U.S., you may be offered a local HMO option in addition to the National HMO plan when you log in to enroll. Please contact the Sysco Benefits Center if you have any questions.

* The National HMO medical plan is not available in certain areas.

What You Pay in the National HMO Plan (2024)

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK
Deductible*	\$0 Individual \$0 Family	N/A
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	N/A
Preventive Care	Covered at 100%	You pay the full cost
Telehealth (provided by Teladoc)	General Medical Visit: \$25 copay Dermatology Visit: \$40 copay Behavioral Health Visit: \$25 copay	N/A
Telemedicine (through other in-network providers)	General Medical Visit: \$25 copay Dermatology Visit: \$40 copay Behavioral Health Visit: \$25 copay	N/A

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What You Pay in the National HMO Plan (2024)

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK
Primary Care Office Visit	\$25 copay	You pay the full cost
Specialist Office Visit	\$40 copay	
Urgent Care	\$60 copay	
Emergency Room	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Hospitalization	\$300 copay	You pay the full cost
Surgery	\$300 copay	You pay the full cost
Lab, X-Ray, Imaging	100% covered (office visit copay may apply)	You pay the full cost
Behavioral Health	\$25 copay	You pay the full cost
Prescription Drugs** – You don’t have to meet your deductible before you receive a benefit for prescription drugs, as long as you use a network pharmacy.		
Pharmacy-Filled Generic	\$12 copay	You pay the full cost
Pharmacy-Filled Formulary	You pay 30% (\$40 min. / \$80 max.)	
Pharmacy-Filled Non-Formulary	You pay 50% (\$80 min. / \$160 max.)	
Value Drugs (A select list of preferred generic and brand over-the-counter drugs available at a reduced copay)	\$0 Copay	
Mail Ordered Generic	\$30 copay	You pay the full cost
Mail Ordered Formulary	You pay 30% (\$80 min. / \$160 max.)	
Mail Ordered Non-Formulary (90-day supply)	You pay 50% (\$180 min. / \$350 max.)	

* In-network and out-of-network deductibles are separate. Only in-network services apply toward your in-network deductible, and only out-of-network services apply toward your out-of-network deductible.

** If you (as a plan participant) receive a brand name drug in place of a generic in either of the situations below, the plan will only cover the cost of the generic drug, requiring you to pay the cost difference between the generic drug and the brand name drug:

- The doctor writes a prescription for a brand name drug and indicates that the patient (plan participant) should not be switched to the generic.
- The patient (plan participant) tells the pharmacist that they are only to have the brand name drug and that they do not want to be switched to a generic.

Health Management and Specialty Health Resources

To learn more about Aetna programs (such as Oshi Health, SurgeryPlus, Sword, and Transform Oncology), go to the **Benefits Guide** on [SyscoBenefits.com](https://www.SyscoBenefits.com).