



PLAN DESIGN AND BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - ASC

PLAN FEATURES		
Deductible (per calendar year)	\$0	Individual
Unless otherwise indicated, the Deductible must be met prior to benefits being payable.		
Member Coinsurance	0%	
Applies to all expenses unless otherwise stated.		
Payment Limit (per calendar year)	\$0	Individual
Certain member cost sharing elements may not apply toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage (except any deductibles, and penalty amounts) may be used to satisfy the Payment Limit.		
Lifetime Maximum	\$5,000,000 per member's lifetime.	
Primary Care Physician Selection	Not applicable	
Certification Requirements -		
Certification for Hospital Admissions must be obtained to avoid a reduction in benefits paid. Excluded amount is \$400 per occurrence.		
Referral Requirement	None	
PREVENTIVE CARE		
Routine Adult Physical Exams/Immunizations	0%	
1 exam per 12 months for members age 18 to age 65; 1 exam per 12 months for adults age 65 and older.		
Routine Digital Rectal Exam / Prostate-specific Antigen Test	0%	
For covered males age 40 and over		
Colorectal Cancer Screening	0%	
For all members age 50 and over.		
Routine Eye Exams	0%	
1 routine eye exam per 24 months		
Routine Hearing Exams	0%	
One routine hearing exam per 24 months.		
PHYSICIAN SERVICES		
Office Visits (non-surgical) to Non-Specialist	0%	
Includes services of an internist, general physician, family practitioner or pediatrician for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.		
Specialist Office Visits	0%	
Office Visits for Surgery	0%	
Allergy Testing	0%	
Allergy Injections	0%	
DIAGNOSTIC PROCEDURES		
Diagnostic Laboratory and X-ray	0%	
EMERGENCY MEDICAL CARE		
Emergency Room	0%	
Non-Emergency care in an Emergency Room	0%	
Ambulance	0%	
HOSPITAL CARE		
Inpatient Coverage	0%	
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient Hospital Expenses (including surgery)	0%	
The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit		
MENTAL HEALTH SERVICES		
Inpatient	0%	
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient	0%	
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit		



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ALCOHOL/DRUG ABUSE SERVICES

Inpatient 0%
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay

Outpatient 0%
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit

OTHER SERVICES

Convalescent Facility 0%
Limited to 100 days per calendar year
The member cost sharing applies to all covered benefits incurring during a member's inpatient stay

Home Health Care 0%
Limited to 120 visits per calendar year
Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit

Hospice Care - Inpatient & Outpatient 0%
Up to a maximum lifetime benefit of \$10,000 combined inpatient/outpatient
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay

Private Duty Nursing - Outpatient 0%
Limited to 70 eight hour shifts per calendar year

Outpatient Speech Therapy 0%
Limited to 20 visits per calendar year

Outpatient Physical and Occupational Therapy 0%
Limited to 60 visits per calendar year

Spinal Manipulation Therapy 0%
Limited to 24 visits per calendar year

Durable Medical Equipment 0%
Maximum annual benefit of \$10,000 per member per calendar year

Diabetic Supplies Covered same as any other medical expense

Transplant 0%

PHARMACY

Retail 0%

Mail Order 0%

Pharmacy Managed Self Injectables (PMSI)
First prescription fill at any retail or mail order drug facility. Subsequent fills must be through Aetna Specialty Pharmacy®

No Mandatory Generic (NO MG) - Member is responsible to pay the applicable copay only.

Plan Includes: Diabetic supplies.
Precert for growth hormones included

GENERAL PROVISIONS

Pre-existing Conditions Exclusion On effective date: Waived
After effective date: Full Postponement



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This plan imposes a pre-existing condition exclusion, which may be waived in some circumstances and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received or for which the individual took prescribed drugs within 90 days. Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, 90 days ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. If you had prior creditable coverage within 90 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 90 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 90 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion. In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any certificates of creditable coverage you have. Please contact Aetna Member Services at 1-888-982-3862 if you need assistance in obtaining a certificate of creditable coverage from your prior carrier or if you have any questions on the information noted above. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days of birth, adoption, or placement for adoption. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment, and the pre-existing condition exclusion will be applied from the individual's effective date of coverage.

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.



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Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are administered by Aetna Life Insurance Company.