



PLAN DESIGN AND BENEFITS  
ADMINISTERED BY AETNA HEALTH INC. - SELF FUNDED

PLAN FEATURES	PARTICIPATING PROVIDERS / REFERRED
<b>Deductible</b> (per calendar year)	None Individual None Family
<b>Out-of-Pocket Maximum</b> (per calendar year)	None Individual None Family
<b>Lifetime Maximum</b>	Unlimited except where otherwise indicated.
<b>Primary Care Physician Selection</b>	Required
<b>Referral Requirements</b>	Required for all non-emergency, non-urgent and non-Primary Care physician services, except direct access services.
PREVENTIVE CARE	PARTICIPATING PROVIDERS / REFERRED
<b>Routine Adult Physical Exams/ Immunizations</b> (Age and frequency schedules apply)	\$10 copay
<b>Well Child Exams / Immunizations</b> (Age and frequency schedules apply)	\$10 copay
<b>Routine Gynecological Care Exams</b> Includes routine tests and related lab fees.	\$10 copay
<b>Routine Mammograms</b> One baseline mammogram for females age 35 - 39; and one annual	No Copay mammogram for females age 40 and over.
<b>Routine Digital Rectal Exams / Prostate Specific Antigen Test</b> For males age 40 and over.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
<b>Colorectal Cancer Screening</b> For all members 50 and over. Frequency schedule applies.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
<b>Routine Eye Exam</b> 1 exam per 12 months	\$10 copay
<b>Hearing Aids</b> Covered through age 15 (Grace's Law)	\$1000 per ear every 24 months Maximum of \$2000
<b>Routine Hearing Screening</b>	\$10 copay
PHYSICIAN SERVICES	PARTICIPATING PROVIDERS / REFERRED
<b>Office Visits to member's selected Primary Care Physician</b>	\$10 copay
<b>Specialist Office Visits</b>	\$10 copay
<b>Maternity OB Visits</b>	\$10 copay; for initial visit only, thereafter covered 100%
<b>Allergy Treatment</b>	\$10 copay
<b>Allergy Testing</b>	\$10 copay
DIAGNOSTIC PROCEDURES	PARTICIPATING PROVIDERS / REFERRED
<b>Diagnostic Laboratory</b>	No Copay
<b>Diagnostic X-ray</b>	No Copay
EMERGENCY MEDICAL CARE	PARTICIPATING PROVIDERS / REFERRED
<b>Urgent Care</b>	\$35 copay
<b>Non-Urgent use of Urgent Care Provider</b>	Not Covered
<b>Emergency Room</b>	\$35 copay
<b>Non-Emergency Care in an Emergency Room</b>	Not Covered
<b>Ambulance</b>	Covered 100%
HOSPITAL CARE	PARTICIPATING PROVIDERS / REFERRED
<b>Inpatient Coverage</b>	Covered 100%



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<b>Inpatient Maternity Coverage</b>	Covered 100%
<b>Bariatric Surgery</b>	Covered same as any other expense
<b>Outpatient Surgery</b>	Covered 100%
<b>MENTAL HEALTH SERVICES</b>	<b>PARTICIPATING PROVIDERS / REFERRED</b>
<b>Inpatient Biologically Based Mental Illness</b>	Covered 100%
<b>Inpatient Non-Biologically Based Mental Illness</b> Limited to 35 days per calendar year	Covered 100%
<b>Outpatient Biologically Based Mental Illness</b>	\$10 per visit copay
<b>Outpatient Non-Biologically Based Mental Illness</b> Limited to 30 visits per calendar year	\$10 per visit copay
<b>ALCOHOL/DRUG ABUSE SERVICES</b>	<b>PARTICIPATING PROVIDERS / REFERRED</b>
<b>Inpatient Detoxification</b>	Covered 100%
<b>Outpatient Detoxification</b>	Covered 100%
<b>Inpatient Rehabilitation</b> Limited to 28 days per calendar year	Covered 100%
<b>Outpatient Rehabilitation</b> Limited to 60 visits per calendar year	Covered 100%
<b>OTHER SERVICES</b>	<b>PARTICIPATING PROVIDERS / REFERRED</b>
<b>Skilled Nursing Facility</b> 120 visits per calendar year	Covered 100%
<b>Home Health Care</b> No Limit	Covered 100%
<b>Hospice Care - Inpatient</b>	Covered 100%
<b>Hospice Care - Outpatient</b>	Covered 100%
<b>Private Duty Nursing</b>	Not Covered inpatient. Covered as part of HHC
<b>Outpatient Rehabilitation Therapy</b> (Includes speech, physical, cognitive and occupational therapy) 60 visit per condition per calendar year	\$10 per visit copay
<b>Chiropractic Care</b>	\$10 per visit copay, 20 visit maximum per calendar year
<b>Durable Medical Equipment</b>	\$100 deductible per year, then covered 100%
<b>Oral Surgery</b>	Removal of Bony Impacted wisdom teeth covered in full
<b>Transplants</b>	Covered 100% Coverage is provided at an Institute of Excellence contracted facility only
<b>FAMILY PLANNING</b>	<b>PARTICIPATING PROVIDERS / REFERRED</b>
<b>Infertility</b>	Follows State of New Jersey Infertility Mandate
<b>GENERAL PROVISIONS</b>	
<b>Dependents Eligibility</b>	Children from birth to age 23.

**Exclusions and Limitations**

Refer to Aetna Member Handbook and The Summary Program Description



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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 any results or outcomes. Consult the plan document (i.e. Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums. With the exception of Aetna Rx Home Delivery, all participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by a non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

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 obtains covered services from participating providers, the provider will obtain precertification. If the Member obtains covered services from a nonparticipating provider, the Member must obtain the precertification. Precertification requirements may vary. Members may refer to their plan documents for a complete list of medical services that require precertification. Certain benefits like comprehensive infertility and advanced reproductive technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits.

Members or providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. Certain benefits like comprehensive infertility and advanced reproduction technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits include Aetna Health Inc.. Employer-funded plans are administered by Aetna Life Insurance Company or Aetna Health Administrators, LLC. While this material is believed to be accurate as of the print date, it is subject to change.