



Express Benefit Summary

2023/2024



Plan Description: **AETNTL-MC OA 2000-80%**
 Provider: **Aetna (National)**
 Product: **POS National**

Member Services: **+1 (866) 208-5931**
 Network: **Managed Choice POS (Open Access)**
 Plan Website: **<https://www.aetna.com/>**

| Benefit | In-Network | Out-of-Network |
|---|---|---|
| General Plan Information | | |
| Lifetime Maximum | Unlimited | Unlimited |
| Calendar Year Deductible - Individual | \$2,000 | \$6,000 |
| Calendar Year Deductible - Family | \$4,000 | \$15,000 |
| Carrier Coinsurance | 80% | 50% |
| Member Coinsurance | 20% | 50% |
| Calendar Year Out-of-Pocket Max - Individual | \$6,850 | \$14,000 |
| Calendar Year Out-of-Pocket Max - Family | \$13,700 | \$42,000 |
| Office Visits | | |
| Primary Care Physician Visit | \$30 Copay | Deductible then 50% |
| Virtual Visit | \$30 Copay | Not Covered |
| Specialist Visit | \$60 Copay | Deductible then 50% |
| Specialist Referral Required | No | No |
| Hospital Care | | |
| Hospital Care - Inpatient | Deductible then 20% | Deductible then 50% |
| Hospital Care - Outpatient | Deductible then 20% | Deductible then 50% |
| Emergency Care | | |
| Emergency Room (In-Area) | \$350 Copay | \$350 Copay |
| Urgent Care Facility | \$85 Copay | Deductible then 50% |
| Prescription | | |
| Tier 1 Retail | Tier 1A-Value Drugs: \$3 Copay/Tier 1-Preferred Generic: \$10 Copay | Tier 1A-Value Drugs: \$3 Copay/Tier 1-Preferred Generic: \$10 Copay. Then 50% |
| Tier 2 Retail | \$45 Copay | \$45 Copay plus 50% Coinsurance |
| Tier 3 Retail | \$70 Copay | \$70 Copay plus 50% Coinsurance |
| Tier 4 Retail | Preferred: 30%-\$300 max/Non-Preferred: 50%-\$500 max through Aetna Specialty Pharmacy | Not Covered |
| Mail Order | Tier1A:\$6/Tier1:\$20/\$90/\$140 | Not Covered |
| Medicare Part D Compatible | Yes | Not Applicable |
| Maternity Care | | |
| Pregnancy and Maternity Care (Pre-Natal Care) | Office Visit cost sharing may apply depending on services rendered. Delivery covered same as hospital benefit | Deductible then 50% |
| Preventive Care | | |
| Preventive Services | No Charge | Deductible then 50% |
| Other Services | | |
| Diagnostic X-Ray, Scans & Lab | Deductible then 20% | Deductible then 50% |
| Chiropractic Care | \$60 Copay | Deductible then 50% |

This benefit summary has been prepared by a licensed Insurance carrier or broker based on documents provided by the applicable licensed Insurance carrier. Please refer to the Plan Document and Certificate of Coverage (COC) for terms and conditions of all benefits. Benefits may require pre-certification in order to avoid a reduction in benefits or denial of coverage. The insured should contact the carrier at the phone number indicated on this summary or refer to the COC for further details prior to seeking treatment. If there is any conflict between this benefit summary and the Plan Document or COC, the Plan Document and COC govern. This health insurance plan is part of a large group health plan, as such Medicare is the secondary payer for any insured member that is enrolled in Medicare and this plan. If eligible for Medicare due to ESRD, Medicare becomes primary payer after thirty months of Medicare eligibility. If member is a COBRA participant, Medicare is the primary payer.