



Express Benefit Summary

2023/2024



Plan Description: **AETNTL-HDHP MC 3500-80%**
 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	\$3,500	\$7,000
Calendar Year Deductible - Family	\$7,000	\$14,000
Carrier Coinsurance	80%	50%
Member Coinsurance	20%	50%
Calendar Year Out-of-Pocket Max - Individual	\$6,500	\$13,000
Calendar Year Out-of-Pocket Max - Family	\$13,000	\$26,000
Office Visits		
Primary Care Physician Visit	Deductible then 20%	Deductible then 50%
Virtual Visit	\$49 consult fee until Deductible is met, then 20%	Not Covered
Specialist Visit	Deductible then 20%	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)	Deductible then 20%	Deductible then 20%
Urgent Care Facility	Deductible then 20%	Deductible then 50%
Prescription		
Tier 1 Retail	Tier 1A-Value Drugs: Deductible then \$3/Tier 1-Preferred Generic: Deductible then \$10	Tier 1A-Value Drugs: Deductible then \$3/Tier 1-Preferred Generic: Deductible then \$10. Then 50%
Tier 2 Retail	Deductible then \$45	Deductible then \$45 Copay then 50%
Tier 3 Retail	Deductible then \$70	Deductible then \$70 Copay then 50%
Tier 4 Retail	Preferred: Deductible then 30%-\$300 max/Non-Preferred: Deductible then 50%-\$500 max through Aetna Specialty Pharmacy	Not Covered
Mail Order	Deductible then Tier1A:\$6/Tier1:\$20/\$90/\$140	Deductible then Tier1A:\$6/Tier1:\$20/\$90/\$140. Then 50%
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	Deductible then 20%	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.