

Aetna Health Inc.
New York
HMO

Nassau County

<u>Plan Features</u>	<u>In Network (Referred Care)</u>
*Maximum Out of Pocket (includes flat-dollar and percentage copays and deductible (if applicable); excludes member cost sharing for prescription drug benefits)	\$1,500/\$3,000
Pharmacy Deductible Individual/Family Limits	Not applicable
Pharmacy Calendar Year Maximum	Not applicable
Primary Care Physician Visits Office Hours After-Hours/Home	\$2 copay \$5 copay
Specialty Care Office Visits	\$0 copay
Diagnostic OP Lab/X Ray Testing (at facility)	\$0 copay.
Diagnostic OP Lab/X Ray Testing (at specialist)	Included in Specialist Office Visit copay for visit with PCP referral.
Outpatient Therapy (speech, physical, occupational)	\$0 copay; Treatment over a 60-day consecutive period per incident of illness or injury beginning with the first day of treatment.
Outpatient Dialysis/Chemotherapy	\$0 copay
Allergy Testing/Treatment	\$0 copay for testing by specialist; PCP copay for routine injections at PCP office with or without physician encounter No serum copay.
Preventive Care Routine Physicals	\$2 copay
Routine Child and Well Baby Care; Immunizations	\$0 copay
Routine GYN Care	\$2 copay. Two routine GYN visits and pap smears/365 days. Direct access to participating providers.
Routine Mammography	\$0 copay; Age 35-39 one baseline. 40-49 one every two years. 50 + one per calendar year

Aetna Health Inc.
New York
HMO

Nassau County

Plan Features**In Network (Referred Care)**

Routine Eye Exam	\$2 copay. Direct access to participating providers; Frequency and Age Schedules may apply.
Hearing Exam	\$2 copay. Routine hearing screenings through PCP office visit. No schedule applies.
Hearing Aids	Not covered
Emergency Care	\$15 copay
Urgent Care	\$15 copay
Ambulance	No copay
Outpatient Surgery	\$0 copay
Hospitalization	\$0 copay
Skilled Nursing Facility Care (in lieu of hospitalization for medically necessary covered benefits)	\$0 copay
Maternity	
OB Visits	\$0 copay for initial visit only.
Hospital (Includes Newborn Services)	\$0 copay
Home Health Care/Hospice-Outpatient Hospice Bereavement Counseling: 5 visits per 365 days.	No copay
Private Duty or Special Duty Nursing	Not covered unless pre-authorized by HMO; no copay when covered.
Hospice - Inpatient	\$0 copay
Family Planning/Reproductive Services Sterilization Procedures	Covered with applicable specialist, outpatient surgery or inpatient hospital copay. Reversal of voluntary sterilization including related follow-up care and treatment of complications of such procedures is not covered.

Aetna Health Inc.
New York
HMO

Nassau County

Plan Features**In Network (Referred Care)****Mental Health**

Inpatient

\$0 copay; limited to 35 days per 365 consecutive days.

Outpatient

\$0 copay 1-2 visits; \$10 copay 3-10 visits;
\$25 copay 11-40 visits per 365 consecutive days**Substance Abuse Detoxification**

Inpatient Detoxification

\$0 copay

Outpatient Detoxification

\$0 copay

Substance Abuse Rehabilitation

Inpatient Rehabilitation

\$0 copay. Limited to 30 days per calendar year.

Outpatient Rehabilitation

\$2 copay. Limited to 60 visits per calendar year.
20 visits may be used for family members.**Diabetic Supplies**

\$2 copay

Chiropractic Care

\$0 copay

Durable Medical Equipment

No copay

Prescription Drug Rider

\$5 copay; up to 34 day supply.

No Mandatory Generics.

35 - 90 Day Supply Included for Retail or Mail Order Delivery (MOD) - 1 times the 34 day supply.

Open formulary - covers drugs on the Formulary Exclusion List.

Additional Pharmacy Options

Contraceptives Option

Included in Prescription Drug Option.

Performance Option

Not covered

Dental

Not covered

Vision Corrective Lenses/Contacts Allowance

\$200 reimbursement payable once for 24 month period.

Comprehensive Infertility(Available In-network only
to groups with 500+ employees)

Applicable copay

Advanced Reproductive Technology

(Available In-network only to groups with 500+ employees)

Not covered

Aetna Health Inc.
New York
HMO

Nassau County

Medical Spending Fund
Individual/Family Limits

Not available

Aetna Health Inc.

New York

HMO

Nassau County

Exclusions and Limitations

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

All medical and hospital services not specifically covered in, or which are limited or excluded in the plan documents; Cosmetic surgery, including breast reduction; Custodial care; Dental care and dental X-rays; Durable Medical Equipment; Experimental and investigational procedures; Hearing aids; Implantable drugs and certain injectible drugs; Immunizations for travel or work; certain infertility services including advanced reproductive technologies such as IVF, ZIFT, GIFT unless specifically listed as covered in the plan documents; Long-term rehabilitation therapy; Orthotics; Outpatient Prescription drugs and over-the-counter medications and supplies; Nonmedically necessary services or supplies; Radial keratotomy or related procedures; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies, counseling or prescription drugs; Special duty nursing; Therapy or rehabilitation other than those listed as covered; and Treatment of behavioral disorders.

Disclaimers

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.

With the exception of Aetna Rx Home Delivery, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. 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. 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 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.

Some benefits are subject to limitations or visit maximums. 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.

Plans are provided by: Aetna Health Inc. While this material is believed to be accurate as of the print date, it is subject to change.