



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

PLAN FEATURES	PARTICIPATING PROVIDERS / REFERRED
Deductible (per calendar year)	None Individual None Family
Member Coinsurance	Covered 100%
Out-of-Pocket Maximum	None Individual None Family
Lifetime Maximum	Unlimited except where otherwise indicated.
Primary Care Physician Selection	Required
Referral Requirements	Required for all non-emergency, non-urgent and non-Primary Care physician services, except direct access services.
PREVENTIVE CARE	PARTICIPATING PROVIDERS / REFERRED
Routine Adult Physical Exams/ Immunizations 1 exam per 12 months	Covered 100%
Well Child Exams / Immunizations 7 exams in 1st 12 months, 3 exams in 2nd 12 months, 3 exams 3rd 12 months; 1 exam per 12 months thereafter	Covered 100%
Routine Gynecological Care Exams (Direct Access) Includes routine tests and related lab fees 1 exam per 12 months	Covered 100%
Routine Mammograms (Direct Access) Recommended one baseline mammogram for females age 35 - 39; and one annual mammogram for females age 40 and over	Covered 100%
Routine Digital Rectal Exams / Prostate Specific Antigen Test 1 annual DRE & PSA males age 40 and over	Covered 100%
Colorectal Cancer Screening For all members 50 and over Frequency schedule applies	Covered 100%
Routine Eye Exam (Direct Access) 1 exam every 12 months	Covered 100% after \$15 copay
Routine Hearing Screening	Covered 100% after \$15 copay
PHYSICIAN SERVICES	PARTICIPATING PROVIDERS / REFERRED
Office Visits to member's selected Primary Care Physician	Office Hours : \$15 copay After Office Hours/Home : \$20 copay
Specialist Office Visits	\$15 copay
Maternity OB Visits	\$15 copay; for initial visit only, thereafter covered 100%
Allergy Treatment	Covered 100% after \$15 copay
Allergy Testing	Covered 100% after \$15 copay
DIAGNOSTIC PROCEDURES	PARTICIPATING PROVIDERS / REFERRED
Diagnostic Laboratory	Covered 100%
Diagnostic X-ray	Covered 100%
EMERGENCY MEDICAL CARE	PARTICIPATING PROVIDERS / REFERRED
Urgent Care	\$15 copay
Non-Urgent use of Urgent Care Provider	Not Covered
Emergency Room	\$50 copay
Non-Emergency Care in an Emergency Room	Not Covered
Ambulance	Covered 100%
HOSPITAL CARE	PARTICIPATING PROVIDERS / REFERRED



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Inpatient Coverage	Covered 100%
Inpatient Maternity Coverage	Covered 100%
Outpatient Surgery	Covered 100%
MENTAL HEALTH SERVICES	PARTICIPATING PROVIDERS / REFERRED
Inpatient Biologically Based Mental Illness	Covered 100%
Inpatient Non-Biologically Based Mental Illness Limited to 35 days per calendar year	Covered 100%
Outpatient Biologically Based Mental Illness	\$15 per visit copay
Outpatient Non-Biologically Based Mental Illness Limited to 30 visits per calendar year	\$15 per visit copay
ALCOHOL/DRUG ABUSE SERVICES	PARTICIPATING PROVIDERS / REFERRED
Inpatient Detoxification	Covered 100%
Outpatient Detoxification	\$15 per visit copay
Inpatient Rehabilitation Limited to 28 days per occurrence	Covered 100%
Outpatient Rehabilitation Limited to 60 visits per calendar year	\$15 per visit copay
OTHER SERVICES	PARTICIPATING PROVIDERS / REFERRED
Skilled Nursing Facility Limited to 120 days per calendar year	Covered 100%
Home Health Care	Covered 100%
Hospice Care - Inpatient	Covered 100%
Hospice Care - Outpatient	Covered 100%
Outpatient Rehabilitation Therapy (Includes speech, physical and occupational therapy) Treatment over a 60-day consecutive period per incident of illness or injury beginning with the first day of treatment	\$15 per visit copay
Chiropractor 20 visits per calendar year	\$15 per visit copay
Durable Medical Equipment The \$100 deductible applies per calendar year per member	Covered 100% after \$100 deductible
Hearing Aids Covered through age 15 in accordance with Grace's Law	\$1000 per ear every 24 months, maximum of \$2000
Transplants	Covered 100% Coverage is provided at an Institute of Excellence contracted facility only
FAMILY PLANNING	PARTICIPATING PROVIDERS / REFERRED
Infertility Treatment	Covered in accordance with the New Jersey State Mandate
GENERAL PROVISIONS	
Dependents Eligibility	Spouse, children from birth to age 26

Exclusions and Limitations

Please refer to the Aetna Member Handbook and The Summary Plan 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 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.