



2020/2021

Plan Description: AETNTL-MC OA 1000/80%
Product: POS
Network: Managed Choice POS (Open Access)

Provider: Aetna (National)
Member Services Phone #: 1-866-208-5931
Plan Website Address: <http://www.aetna.com>

Benefit	In-Network	Out-of-Network
General Plan Information		
Lifetime Maximum	• Unlimited	• Unlimited
Calendar Year Deductible - Individual	• \$1,000	• \$3,000
Calendar Year Deductible - Family	• \$2,000	• \$6,000
Carrier Coinsurance	• 80%	• 50%
Member Coinsurance	• 20%	• 50%
Calendar Year Out-of-Pocket Max - Individual	• \$4,000	• \$8,000
Calendar Year Out-of-Pocket Max - Family	• \$8,000	• \$16,000
Office Visits		
Primary Care Physician Visit	• \$25 copay per visit	• Deductible then 50%
Virtual Visit	• General Medical - \$25 copay	• Not Covered
Specialist Visit	• \$50 copay per visit	• 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 per visit (waived if admitted)	• \$350 copay per visit (waived if admitted)
Urgent Care Facility	• \$75 copay per visit	• 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 after 50% coinsurance
Tier 3 Retail	• \$70 copay	• \$70 copay after 50% coinsurance
Tier 4 Retail	• 25% to \$250 max per prescription for Aetna Specialty CareRx	• Not covered
Mail Order	• \$20/\$90/\$140	• Not covered
Medicare Part D Compatible	• Yes	• Yes
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	• Pre-Natal: No Charge; Post-Natal and Hospital: Deductible then 20%	• 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	• \$50 copay per visit	• 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.