



2020/2021

Plan Description: AETNTL-HDHP MC 3000/90%
Product: HDHP
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	• \$3,000	• \$6,000
Calendar Year Deductible - Family	• \$6,000	• \$12,000
Carrier Coinsurance	• 90%	• 60%
Member Coinsurance	• 10%	• 40%
Calendar Year Out-of-Pocket Max - Individual	• \$5,000	• \$10,000
Calendar Year Out-of-Pocket Max - Family	• \$10,000	• \$20,000
Office Visits		
Primary Care Physician Visit	• Deductible then 10%	• Deductible then 40%
Virtual Visit	• General Medical - \$40 consult fee until deductible is met, then 10% coinsurance	• Not Covered
Specialist Visit	• Deductible then 10%	• Deductible then 40%
Specialist Referral Required	• No	• No
Hospital Care		
Hospital Care - Inpatient	• Deductible then 10%	• Deductible then 40%
Hospital Care - Outpatient	• Deductible then 10%	• Deductible then 40%
Emergency Care		
Emergency Room (In-Area)	• Deductible then 10%	• Deductible then 10%
Urgent Care Facility	• Deductible then 10%	• Deductible then 40%
Prescription		
Tier 1 Retail	• Deductible then Tier 1A (Value Drugs) \$3 copay; Tier 1 (Preferred Generic) \$10 copay	• Deductible then Tier 1A (Value Drugs) \$3 copay; Tier 1 (Preferred Generic) \$10 copay then 40%
Tier 2 Retail	• Deductible then \$45 copay	• Deductible then \$45 copay then 40%
Tier 3 Retail	• Deductible then \$70 copay	• Deductible then \$70 copay then 40%
Tier 4 Retail	• Deductible then 25% to \$250 max per prescription for Aetna Specialty CareRx	• Not covered
Mail Order	• Deductible then \$20/\$90/\$140 copay	• 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 10%	• Deductible then 40%
Preventive Care		
Preventive Services	• No Charge	• Deductible then 40%
Other Services		
Diagnostic X-Ray, Scans & Lab	• Deductible then 10%	• Deductible then 40%
Chiropractic Care	• Deductible then 10%	• Deductible then 40%

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.