PLAN DESIGN & BENEFITS
PROVIDED BY AETNA HEALTH OF CALIFORNIA INC.

PLAN FEATURES	IN-NETWORK
Deductible (per calendar year)	Individual = None Family = None
Out-of-Pocket Maximum (per calendar year)	$1,000 Individual $2,000 Family
In-Network expenses include coinsurance/copays and deductibles. Pharmacy expenses apply towards the Out-of-Pocket-Maximum. The family Out-of-Pocket Maximum is a cumulative Out-of-Pocket Maximum for all family members. The family Out-of-Pocket Maximum can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum amount.	
Lifetime Maximum	Unlimited except where otherwise indicated.
Primary Care Physician Selection	Required
Referral Requirement	Required
PREVENTIVE CARE	**IN-NETWORK**
Routine Adult Physical Exams/ Immunizations 1 exam every 12 months for members age 22 and older.	Covered 100%
Routine Well Child Exams/Immunizations (Age and frequency schedules apply)	Covered 100%
Routine Gynecological Care Exams 1 exam per 12 months Includes Pap smear, HPV screening, and related lab fees.	Covered 100%
Routine Mammograms Recommended: One baseline mammogram for females age 35 - 39; and one annual mammogram for females age 40 and over.	Covered 100%
Women's Health Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.	Covered 100%
Routine Digital Rectal Exams / Prostate Specific Antigen Test Recommended for males age 40 and over.	Covered 100%
Colorectal Cancer Screening Recommended: For all members age 45 and over. Frequency schedule applies.	Covered 100%
Routine Eye Exams 1 routine exam per 24 months. Direct access to participating providers without a referral.	Covered 100%
Routine Hearing Screening	Covered 100%
Hearing Aids (every 24 months)	Covered 100%

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA HEALTH OF CALIFORNIA INC.

PHYSICIAN SERVICES	IN-NETWORK
Primary Care Physician Visits Includes services of an internist, general physician, family practitioner or pediatrician.	$5 copay
Specialist Office Visits	$5 copay
Pre-Natal Maternity	Covered 100%
Allergy Testing	$5 copay
Allergy Injections	$5 copay
DIAGNOSTIC PROCEDURES	**IN-NETWORK**
Diagnostic Laboratory If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%
Diagnostic X-ray If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%
Diagnostic X-ray for Complex Imaging Services	Covered 100%
EMERGENCY MEDICAL CARE	**IN-NETWORK**
Urgent Care Provider	$5 copay
Non-Urgent Use of Urgent Care Provider	Not Covered
Emergency Room Copay waived if admitted	$50 copay
Non-Emergency Care in an Emergency Room	Not Covered
Emergency Use of Ambulance	Covered 100%
Non-Emergency Use of Ambulance	Not Covered
HOSPITAL CARE	**IN-NETWORK**
Inpatient Coverage	Covered 100%
Inpatient Maternity Coverage (includes delivery and postpartum care)	Covered 100% for Physician maternity services and Facility services
Outpatient Hospital	Covered 100%
MENTAL HEALTH SERVICES	**IN-NETWORK**
Mental Health Inpatient	Covered 100%
Mental Health Office Visits	Covered 100%
Other Mental Health Services	Covered 100%
SUBSTANCE ABUSE	**IN-NETWORK**
Inpatient/Outpatient Detoxification	Covered 100%
Inpatient Rehabilitation	Covered 100%
Outpatient Rehabilitation	Covered 100%
Other Substance Abuse Treatment	Covered 100%

OTHER SERVICES	IN-NETWORK
Skilled Nursing Facility Limited to 100 days; per calendar year	Covered 100%
Home Health Care Limited to 120 visits; per calendar year Limited to 3 intermittent visits per day by a participating home health care agency; 1 visit = a period of 4 hrs or less.	$5 copay

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA HEALTH OF CALIFORNIA INC.

OTHER SERVICES	IN-NETWORK
Hospice Care - Inpatient	Covered 100%
Hospice Care - Outpatient	Covered 100%
Outpatient Rehabilitation Therapy Includes speech, physical, occupational therapy	$5 copay
Spinal Manipulation Therapy Limited to 30 visits per calendar year,	$10 copay
Autism Behavioral Therapy	Covered 100%
Autism Applied Behavior Analysis	Covered 100%
Autism Physical Therapy	Covered 100%
Autism Occupational Therapy	Covered 100%
Autism Speech Therapy	Covered 100%
Durable Medical Equipment	Covered 100%
Diabetic Supplies	Pharmacy cost sharing applies.
Women's Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%
Affordable Care Act Mandated Women's Contraceptives	Covered 100%
Transplants	Covered 100% Preferred coverage is provided at an IOE contracted facility only.
Bariatric Surgery	Covered 100%
FAMILY PLANNING	**IN-NETWORK**
Infertility Treatment Diagnosis and treatment of the underlying medical condition only.	Your cost sharing is based on the type of service and where it is performed
GIFT	Not Covered
Comprehensive Infertility Services Artificial insemination and ovulation induction	Not Covered
Advanced Reproductive Technology (ART) In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	Not Covered
Vasectomy	Your cost sharing is based on the type of service and where it is performed
Tubal Ligation	Covered 100%

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA HEALTH OF CALIFORNIA INC.

PRESCRIPTION DRUG BENEFITS	IN-NETWORK
Pharmacy Plan Type	Standard Opt Out Plan - Aetna Formulary
Generic Drugs	
Retail	$4 copay
Mail Order	$8 copay
Preferred Brand-Name Drugs	
Retail	$15 copay
Mail Order	$30 copay
Non-Preferred Brand-Name Drugs	
Retail	$30 copay
Mail Order	$60 copay
Standard Opt Out Specialty Drugs	
Preferred Specialty	20%; up to $100 max. copay per prescription
Non-Preferred Specialty	20%; up to $100 max. copay per prescription
Pharmacy Day Supply and Requirements	
Retail	Up to a 30-day supply
Mail Order	Up to a 31-90-day supply from CVS Caremark® Mail Service Pharmacy.
Standard Opt Out Specialty	Up to a 30-day supply from CVS Specialty® Pharmacy. First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through CVS Specialty® Pharmacy.
Choose Generics with Dispense as Written (DAW) override - Member pays applicable copay of the physician required brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.	
Plan Includes: Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy. Performance Enhancing Drugs limited to 6 tablets per month. Oral fertility drugs included. Oral chemotherapy drugs covered 100% Standard Opt Out Plan – Aetna Precertification included Standard Opt Out Plan – Aetna Step Therapy included Formulary Exclusions may apply Affordable Care Act mandated female contraceptives and preventive medications covered 100% in-network.	
GENERAL PROVISIONS	
Dependents Eligibility	Spouse, children from birth to age 26 regardless of student status.

Exclusions and Limitations

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health of California Inc. Each insurer has sole financial responsibility for its own products.

This material is for information only. Health benefits plans contain exclusions and limitations.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA HEALTH OF CALIFORNIA INC.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

• All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
• Cosmetic surgery, including breast reduction.
• Custodial care.
• Dental care and dental x-rays.
• Donor egg retrieval.
• Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
• Home births.
• Immunizations for travel or work except where medically necessary or indicated.
• Implantable drugs and certain injectable drugs including injectable infertility drugs.
• Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
• Long-term rehabilitation therapy.
• Non-medically necessary services or supplies.
• Orthotics except diabetic orthotics.
• Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
• Radial keratotomy or related procedures.
• Reversal of sterilization.
• Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling or prescription drugs.
• Special duty nursing.
• Therapy or rehabilitation other than those listed as covered.
• Treatment of behavioral disorders.
• Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. CVS Caremark® Mail Service Pharmacy and CVS Specialty® Pharmacy are licensed pharmacy subsidiaries of CVS Health Corporation that operate through mail order. The charges that Aetna negotiates with CVS Caremark® Mail Pharmacy and CVS Specialty® Pharmacy may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacies' cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

If you require language assistance, please call the Member Services number located on your ID card, and you will be connected with the language line if needed; or you may dial direct at 1-888-982-3862 (140 languages are available. You must ask for an interpreter). TDD 1-800-628-3323 (hearing impaired only).

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA HEALTH OF CALIFORNIA INC.

Si requiere la asistencia de un representante que hable su idioma, por favor llame al número de Servicios al Miembro que aparece en su tarjeta de identificación y se le comunicará con la línea de idiomas si es necesario; de lo contrario, puede llamar directamente al 1-888-982-3862 (140 idiomas disponibles. Debe pedir un intérprete). TDD-1-800-628-3323 (sólo para las personas con impedimentos auditivos).

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to **www.aetna.com.** While this material is believed to be accurate as of the production date, it is subject to change.