



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

PLAN FEATURES	PARTICIPATING PROVIDERS / REFERRED
Deductible (per calendar year)	None Individual None Family
Out-of-Pocket Maximum (per calendar year)	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 (Age and frequency schedules apply)	\$15 copay
Well Child Exams / Immunizations (Age and frequency schedules apply)	\$15 copay
Routine Gynecological Care Exams Includes routine tests and related lab fees.	\$15 copay
Routine Mammograms One baseline mammogram for females age 35 - 39; and one annual	No Copay mammogram for females age 40 and over.
Routine Digital Rectal Exams / Prostate Specific Antigen Test For males age 40 and over.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Colorectal Cancer Screening For all members 50 and over. Frequency schedule applies.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Routine Eye Exam 1 exam per 12 months	\$15 copay
Hearing Aids Covered through age 15 (Grace's Law)	\$1000 per ear every 24 months Maximum of \$2000
Routine Hearing Screening	\$15 copay
PHYSICIAN SERVICES	PARTICIPATING PROVIDERS / REFERRED
Office Visits to member's selected Primary Care Physician	\$15 copay
Specialist Office Visits	\$15 copay
Maternity OB Visits	\$15 copay; for initial visit only, thereafter covered 100%
Allergy Treatment	\$15 copay
Allergy Testing	\$15 copay
DIAGNOSTIC PROCEDURES	PARTICIPATING PROVIDERS / REFERRED
Diagnostic Laboratory	No Copay
Diagnostic X-ray	No Copay
EMERGENCY MEDICAL CARE	PARTICIPATING PROVIDERS / REFERRED
Urgent Care	\$50 copay, waived if admitted
Non-Urgent use of Urgent Care Provider	Not Covered
Emergency Room	\$50 copay, waived if admitted
Non-Emergency Care in an Emergency Room	Not Covered
Ambulance	Covered 100%
HOSPITAL CARE	PARTICIPATING PROVIDERS / REFERRED
Inpatient Coverage	Covered 100%
Inpatient Maternity Coverage	Covered 100%



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Bariatric Surgery	Covered same as any other expense
Outpatient Surgery	Covered 100%
MENTAL HEALTH SERVICES	PARTICIPATING PROVIDERS / REFERRED
Inpatient Biologically Based Mental Illness	Covered 100%
Inpatient Non-Biologically Based Mental Illness	Covered 100%
Limited to 35 days per calendar year	
Outpatient Biologically Based Mental Illness	\$15 per visit copay
Outpatient Non-Biologically Based Mental Illness	\$15 per visit copay
Limited to 30 visits per calendar year	
ALCOHOL/DRUG ABUSE SERVICES	PARTICIPATING PROVIDERS / REFERRED
Inpatient Detoxification	Covered 100%
Outpatient Detoxification	Covered 100%
Inpatient Rehabilitation	Covered 100%
Limited to 28 days per calendar year	
Outpatient Rehabilitation	Covered 100%
Limited to 60 visits per calendar year.	
OTHER SERVICES	PARTICIPATING PROVIDERS / REFERRED
Skilled Nursing Facility	Covered 100%
120 Visits per Calendar Year	
Home Health Care	Covered 100%
No Limit	
Hospice Care - Inpatient	Covered 100%
Hospice Care - Outpatient	Covered 100%
Private Duty Nursing	Not Covered Inpatient, Covered as part of HHC
Outpatient Rehabilitation Therapy (Includes speech, physical, cognitive and occupational therapy)	\$15 per visit copay
60 visits per condition per calendar year	
Chiropractic Care	\$15 per visit copay, 20 visit maximum per calendar year
Durable Medical Equipment	\$100 deductible per year, then covered 100%
Oral Surgery	Removal of Bony Impacted wisdom teeth covered in full
Transplants	Covered 100%
	Coverage is provided at an Institute of Excellence contracted facility only
FAMILY PLANNING	PARTICIPATING PROVIDERS / REFERRED
Infertility	Follows State of New Jersey Infertility Mandate
GENERAL PROVISIONS	
Dependents Eligibility	Children from birth to age 23.

Exclusions and Limitations

Refer to Aetna Member Handbook and The Summary Program 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 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 a 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.

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.