

immunizations
1 exam every year

BAXTER CREDIT UNION Effective Date: 01-01-2025 Aetna Choice® POS II -- ASC Qualified High Deductible Health Plan

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK		
		. There might be a maximum number of		
visits or days, or a dollar limit per year. In such cases, the benefit year begins on January 1 (unless otherwise noted).				
Refer to your plan documents to learn				
Deductible (per calendar year)	\$2,000 per Individual	\$4,000 per Individual		
	\$4,000 per Family	\$8,000 per Family		
Covered expenses in-network add up towards your in-network deductible. Covered expenses out-of-network add up				
towards your out-of-network deductible.				
You must first meet the deductible before the plan begins paying benefits, unless otherwise noted.				
The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription				
	le. Refer to your plan documents for de			
	then all family members have met it for	r the rest of the year. There is no		
individual deductible for members of a				
Member coinsurance	You pay 20%	You pay 40%		
Applies to all expenses except as not				
Out-of-pocket limit (per calendar	\$4,000 per Individual	\$8,000 per Individual		
year)				
	\$8,000 per Family	\$16,000 per Family		
		limit. Covered expenses out-of-network		
add up towards your out-of-network out-of-pocket limit.				
Some of your cost sharing may not co				
Your pharmacy expenses count towa				
In-network expenses include coinsura				
Out-of-network expenses include coinsurance and deductibles. Penalty amounts do not apply.				
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*** exams in the first 12 months *** 7 exams in the first 12 months *** 3 exams from age 25 months to 36 months *** 3 exams from age 25 months to 36 months *** 1 exam per year thereafter until age 22  **Routine gynecological care exams ** Covered 100%; no deductible ** exam and pap smear per year, includes related fees.  **Routine mammogram ** Covered 100%; no deductible ** 40%; after deductible ** Recommended: One per year for members age 40 and over  **Women's health ** Covered 100%; no deductible ** Hornan: 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.  **Also includes: contraceptive methods (ACA mandated contraceptives, including contraceptives and devices you can't get at a pharmacy), stemilization procedures (including tubal ligation), patient education and counseling. Limits may apply.  **Pre-natal maternity**  **Covered 100%; no deductible 40%; after deductible  **Recommended: For members age 40 and over  **Prostate-specific antigen test  **Covered 100%; no deductible 40%; after deductible  **Recommended: For members age 45 and over  **Recommended: For members age 45 and over  **Recommended: For members age 45 and over  **Routine eye exams  **Not Covered Not Covered Not Covered Routine eye exams  **Not Covered Not	Routine well child	Covered 100%; no deductible	40%; after deductible
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Recommended: For members age 40 and over  Colorectal cancer screening Covered 100%; no deductible 40%; after deductible  Recommended: For members age 45 and over  Routine eye exams Not Covered Not Covered  Routine hearing screening Covered 100%; no deductible 40%; after deductible  Medications Certain over-the-counter preventive medications covered 100% in network.  PHYSICIAN SERVICES IN-NETWORK OUT-OF-NETWORK  Office visits to primary care 20%; after deductible 40%; after deductible physician (PCP)  Includes services of an internist, general physician, family practitioner or pediatrician.  Telehealth consultation with non-specialist  Specialist office visits 20%; after deductible 40%; after deductible 50%; after deductible 40%; after deductible 40%; after deductible 50%; after deductible 40%; after deductible 50%; after ded	Recommended: For members age 40	and over	
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Recommended: For members age 45 and over  Routine eye exams Not Covered Not Covered  Routine hearing screening Covered 100%; no deductible 40%; after deductible  Medications Certain over-the-counter preventive medications covered 100% in network.  PHYSICIAN SERVICES IN-NETWORK OUT-OF-NETWORK  Office visits to primary care physician (PCP)  Includes services of an internist, general physician, family practitioner or pediatrician.  Telehealth consultation with non-specialist  Specialist office visits 20%; after deductible 40%; after deductible  Telehealth consultation with specialist  Hearing exams 20%; after deductible 40%; after deductible specialist  Hearing exams 20%; after deductible 40%; after deductible  Walk-in clinics 20%; after deductible 40%; after deductible  Designated Walk-in clinics  Covered 100%; after deductible  Walk-in clinics urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.  Telehealth consultations for non-emergency services through a walk-in clinics  Covered 100%; after deductible  Posignated Walk-in clinics  Covered 100%; after deductible  Vour cost sharing amount depends on the type of service and where you receive it.  Designated Walk-in clinics  Covered 100%; after deductible	Recommended: For members age 40	and over	
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Routine hearing screening  Covered 100%; no deductible  Medications  Certain over-the-counter preventive medications covered 100% in network.  PHYSICIAN SERVICES  IN-NETWORK  Office visits to primary care physician (PCP) Includes services of an internist, general physician, family practitioner or pediatrician.  Telehealth consultation with non-specialist  Specialist office visits  Specialist office visits  20%; after deductible  40%; after deductible  Specialist office visits  20%; after deductible  40%; after deductible  Telehealth consultation with specialist  Hearing exams  20%; after deductible  40%; after deductible  Walk-in clinics  Covered 100%; after deductible  Walk-in clinics are free-standing health care facilities. Sometimes they may be within a pharmacy, drug store, supermarket, or other retail store. They offer some limited medical care and services.  Not walk-in clinics: Urgent care centers, semergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.  Telehealth consultations for nonemergency services through a walk-in clinic  Covered 100%; after deductible  Posignated Walk-in clinics Covered 100%; after deductible  Valk-in clinics: Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.  Telehealth consultations for nonemergency services through a walk-in clinics Covered 100%; after deductible	Recommended: For members age 45	and over	
Medications	Routine eye exams	Not Covered	Not Covered
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walk-in clinic receive it.  Designated Walk-in clinics Covered 100%; after deductible	Medications PHYSICIAN SERVICES Office visits to primary care physician (PCP) Includes services of an internist, gener Telehealth consultation with nonspecialist Specialist office visits Telehealth consultation with specialist Hearing exams Walk-in clinics Walk-in clinics are free-standing health supermarket, or other retail store. They Not walk-in clinics: Urgent care centers surgical centers, and physician offices.	Certain over-the-counter preventive min-NETWORK 20%; after deductible al physician, family practitioner or pediate 20%; after deductible covered 100%; after deductible a care facilities. Sometimes they may be a confer some limited medical care and sets, emergency rooms, the outpatient departs	edications covered 100% in network.  OUT-OF-NETWORK  40%; after deductible  trician.  40%; after deductible  40%; after deductible  40%; after deductible  40%; after deductible  within a pharmacy, drug store, rvices. artment of a hospital, ambulatory
Covered 100%; after deductible	Medications PHYSICIAN SERVICES Office visits to primary care physician (PCP) Includes services of an internist, gener Telehealth consultation with nonspecialist Specialist office visits Telehealth consultation with specialist Hearing exams Walk-in clinics  Walk-in clinics are free-standing health supermarket, or other retail store. They Not walk-in clinics: Urgent care centers surgical centers, and physician offices. Telehealth consultations for non-	Certain over-the-counter preventive m IN-NETWORK 20%; after deductible al physician, family practitioner or pediate 20%; after deductible Designated Walk-in clinics Covered 100%; after deductible a care facilities. Sometimes they may be a composition of the compositi	edications covered 100% in network.  OUT-OF-NETWORK  40%; after deductible  trician.  40%; after deductible  40%; after deductible  40%; after deductible  40%; after deductible  within a pharmacy, drug store, rvices. artment of a hospital, ambulatory
Covered 100%; after deductible	Medications PHYSICIAN SERVICES Office visits to primary care physician (PCP) Includes services of an internist, gener Telehealth consultation with nonspecialist Specialist office visits Telehealth consultation with specialist Hearing exams Walk-in clinics  Walk-in clinics are free-standing health supermarket, or other retail store. They Not walk-in clinics: Urgent care centers surgical centers, and physician offices. Telehealth consultations for nonemergency services through a	Certain over-the-counter preventive min-NETWORK 20%; after deductible al physician, family practitioner or pediate 20%; after deductible covered 100%; after deductible acare facilities. Sometimes they may be a care facilities. Sometimes they may be a companient of the companient department of the content of the content of the counter of the content of the con	edications covered 100% in network.  OUT-OF-NETWORK  40%; after deductible  trician.  40%; after deductible  40%; after deductible  40%; after deductible  40%; after deductible  within a pharmacy, drug store, rvices. artment of a hospital, ambulatory
We pay telehealth screenings and counseling services from a walk-in-clinic as a preventive care benefit.	Medications PHYSICIAN SERVICES Office visits to primary care physician (PCP) Includes services of an internist, gener Telehealth consultation with nonspecialist Specialist office visits Telehealth consultation with specialist Hearing exams Walk-in clinics  Walk-in clinics are free-standing health supermarket, or other retail store. They Not walk-in clinics: Urgent care centers surgical centers, and physician offices. Telehealth consultations for nonemergency services through a	Certain over-the-counter preventive min-NETWORK 20%; after deductible al physician, family practitioner or pediate 20%; after deductible covered 100%; after deductible acare facilities. Sometimes they may be a confer some limited medical care and sets, emergency rooms, the outpatient department on the type of service and where you receive it.	edications covered 100% in network.  OUT-OF-NETWORK  40%; after deductible  trician.  40%; after deductible  40%; after deductible  40%; after deductible  40%; after deductible  within a pharmacy, drug store, rvices. artment of a hospital, ambulatory
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covered benefits during your visit.

BAXTER CREDIT UNION Effective Date: 01-01-2025 Aetna Choice® POS II -- ASC Qualified High Deductible Health Plan

Allergy testing	20%; after deductible	40%; after deductible
Allergy injections	20%; after deductible	40%; after deductible
DIAGNOSTIC PROCEDURES	IN-NETWORK	OUT-OF-NETWORK
Diagnostic X-ray (Other than	20%; after deductible	40%; after deductible
complex imaging services)		·
	s for this service at their office, you	pay your office visit cost share amount.
Diagnostic laboratory	20%; after deductible	40%; after deductible
When your physician performs and bill	s for this service at their office, you	pay your office visit cost share amount.
Diagnostic complex imaging	20%; after deductible	40%; after deductible
When your physician performs and bill	s for this service at their office, you	pay your office visit cost share amount.
EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent care provider	20%; after deductible	40%; after deductible
Non-urgent use of urgent care	Not Covered	Not Covered
provider		
Emergency room	20%; after deductible	Same as in-network care
Non-emergency care in an	Not Covered	Not Covered
emergency room		
Emergency use of ambulance	20%; after deductible	Same as in-network care
Non-emergency use of ambulance	Not Covered	Not Covered
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient coverage	20%; after deductible	40%; after deductible
	or the care you need, your cost sha	aring amount counts toward all covered
benefits you receive.		
Inpatient maternity coverage	20%; after deductible	40%; after deductible
/in all rates at all responses and managements are		
(includes delivery and postpartum		
care)		
care) When you're admitted into a hospital for	or the care you need, your cost sha	aring amount counts toward all covered
care) When you're admitted into a hospital for benefits you receive.	•	
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital	20%; after deductible	40%; after deductible
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a	20%; after deductible	
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.	20%; after deductible hospital but don't stay overnight, y	40%; after deductible rour cost sharing amount counts toward all
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital	20%; after deductible hospital but don't stay overnight, y 20%; after deductible	40%; after deductible your cost sharing amount counts toward all 40%; after deductible
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital When you receive outpatient care at a	20%; after deductible hospital but don't stay overnight, y 20%; after deductible	40%; after deductible rour cost sharing amount counts toward all
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care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - freestanding	20%; after deductible hospital but don't stay overnight, y 20%; after deductible	40%; after deductible your cost sharing amount counts toward all 40%; after deductible
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - freestanding facility	20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y 20%; after deductible	40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all 40%; after deductible
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - freestanding facility When you receive outpatient care at a	20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y 20%; after deductible	40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all
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when you're admitted into a hospital for benefits you receive.  Outpatient hospital  When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital  When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - freestanding facility  When you receive outpatient care at a covered benefits during your visit.  MENTAL HEALTH SERVICES  Inpatient  When you're admitted into a hospital for benefits you receive.	20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y IN-NETWORK 20%; after deductible or the care you need, your cost share the stay over stay over stay over the care you need, your cost share the stay over stay over the care you need, your cost share the stay over the	40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all OUT-OF-NETWORK 40%; after deductible aring amount counts toward all covered
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care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - freestanding facility When you receive outpatient care at a covered benefits during your visit.  MENTAL HEALTH SERVICES Inpatient When you're admitted into a hospital for benefits you receive.  Mental health office visits  Mental health telehealth	20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y IN-NETWORK 20%; after deductible or the care you need, your cost share the stay over stay over stay over the care you need, your cost share the stay over stay over the care you need, your cost share the stay over the	40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all OUT-OF-NETWORK 40%; after deductible aring amount counts toward all covered
care) When you're admitted into a hospital for benefits you receive.  Outpatient hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - hospital When you receive outpatient care at a covered benefits during your visit.  Outpatient surgery - freestanding facility When you receive outpatient care at a covered benefits during your visit.  MENTAL HEALTH SERVICES Inpatient When you're admitted into a hospital for benefits you receive.  Mental health office visits  Mental health telehealth consultations	20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y 20%; after deductible hospital but don't stay overnight, y IN-NETWORK 20%; after deductible or the care you need, your cost shad 20%; after deductible 20%; after deductible 20%; after deductible	40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all 40%; after deductible your cost sharing amount counts toward all OUT-OF-NETWORK 40%; after deductible aring amount counts toward all covered 40%; after deductible 40%; after deductible 40%; after deductible
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SUBSTANCE ABUSE	IN-NETWORK	OUT-OF-NETWORK
Inpatient	20%; after deductible	40%; after deductible
	or the care you need, your cost	sharing amount counts toward all covered
benefits you receive.		
Residential treatment facility	20%; after deductible	40%; after deductible
When you're admitted into a facility for	r the care you need, your cost sh	naring amount counts toward all covered benefits
you receive.		
Substance abuse office visits	20%; after deductible	40%; after deductible
Substance abuse telehealth	20%; after deductible	40%; after deductible
consultations		
Other substance abuse services	20%; after deductible	40%; after deductible
When you receive outpatient care at a	facility but don't stay overnight,	your cost sharing amount counts toward all
covered benefits during your visit.		
THERAPY SERVICES	IN-NETWORK	OUT-OF-NETWORK
Spinal manipulation therapy	20%; after deductible	40%; after deductible
Limited to 20 visits per year		
Outpatient short-term	20%; after deductible	40%; after deductible
rehabilitation		
Limited to 90 visits per year		
Includes physical, occupational, and s	peech therapies.	
Habilitative physical therapy	20%; after deductible	40%; after deductible
Habilitative occupational therapy	20%; after deductible	40%; after deductible
Habilitative speech therapy	20%; after deductible	40%; after deductible
Autism related physical therapy	20%; after deductible	40%; after deductible
Autism related occupational	20%; after deductible	40%; after deductible
therapy		
Autism related speech therapy	20%; after deductible	40%; after deductible
Autism related behavioral therapy	20%; after deductible	40%; after deductible
These benefits are combined with out		
Autism related applied behavior	20%; after deductible	40%; after deductible
analysis		
Your benefits for these services are the		
OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Skilled nursing facility	20%; after deductible	40%; after deductible
Limited to 90 days per year		
	the care you need, your cost sh	naring amount counts toward all covered benefits
you receive.		
Home health care	20%; after deductible	40%; after deductible
Limited to 120 visits per year		
Private duty nursing not included.		
		v. One visit equals a period of four hours or less.
Hospice care - inpatient	20%; after deductible	40%; after deductible
	r the care you need, your cost sh	naring amount counts toward all covered benefits
you receive.		
Hospice care - outpatient	20%; after deductible	40%; after deductible
	racility but don't stay overnight,	your cost sharing amount counts toward all
covered benefits during your visit.	000/ - 10 - 1- 1- 171	400/ - (( 1- 1- 2))
Private duty nursing	20%; after deductible	40%; after deductible
Limited to 120 eight hour shifts per year		£1.
We count each period of up to 8 hours	s as one private duty nursing shi	π.



Durable medical equipment	20%; after deductible	40%; after deductible
Hearing Aids	20%; after deductible	40%; after deductible
1 pair of hearing aids and battery repla	· · · · · · · · · · · · · · · · · · ·	•
<b>Diabetic supplies</b> (if not covered under the prescription drug benefit)	Covered same as any other medical expense.	Covered same as any other medical expense.
	You pay your prescription drug cost sharing amount if you have prescription drug coverage. If not, you pay your PCP visit cost sharing amount.	You pay your prescription drug cost sharing amount if you have prescription drug coverage. If not, you pay your PCP visit cost sharing amount.
Infusion therapy - home/office	20%; after deductible	40%; after deductible
Infusion therapy - outpatient hospital/freestanding facility	20%; after deductible	40%; after deductible
Gene-based, Cellular, and other Innovative Therapies (GCIT™)	Your cost sharing amount depends on the type of service and where you receive it. 20%: after deductible for gene therapy drugs, if applicable In-network coverage is provided at GCIT™ designated facilities only.	Not Covered
Transplants	Covered 100%; after deductible In-network coverage is only available at Institutes of Excellence (IOE) contracted facility.	40%; after deductible Out-of-network coverage applies when you use a non-IOE facility. You will pay more out of pocket when using a non-IOE facility.
Bariatric surgery When you're admitted into a hospital for benefits you receive.	20%; after deductible or the care you need, your cost sharing a	40%; after deductible mount counts toward all covered
Acupuncture Limited to 20 visits per year	20%; after deductible	40%; after deductible
FAMILY PLANNING	IN-NETWORK	OUT-OF-NETWORK
Infertility treatment	Your cost sharing amount depends on the type of service and where you receive it.	Your cost sharing amount depends on the type of service and where you receive it.
You have coverage for the diagnosis a insemination (AI).	and treatment of the underlying cause of i	nfertility. Does not include artificial
Infertility Services	Not covered under this plan. Your employer offers coverage through separate vendors.  Contact Progyny at (847) 602-3429 for medical infertility benefits.	
Vasectomy	Your cost sharing amount depends on the type of service and where you receive it.	40%; after deductible
Tubal ligation	Covered 100%; no deductible	40%; after deductible
GENERAL PROVISIONS		·
Dependents who are eligible to be on your plan	Spouse, children from birth to end of you status of children does not matter.	ear which children turn age 26. Student

<sup>\*\*</sup>We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much we pay for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.



#### PLAN DESIGN & BENEFITS ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, we limit the amount it will pay. This limit is called the "recognized" or "allowed" amount

This amount is based on the out-of-network plan you or your employer picks.

- For doctors and other professionals the amount is based on the "prevailing" charges. We get this data from an external database.
- For hospitals and other facilities, the amount is based on the Facility Fee Schedule.

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes." Your doctor may bill you for the dollar amount that we don't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit our website.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Navigator member site.

This applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network. You pay cost sharing and deductibles for your in-network level of benefits. Contact us if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care innetwork. You pay your plan's copayments and deductibles for your in-network level of benefits. Contact us if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments and deductibles.

Plans are provided by: Aetna Health Inc. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance 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. 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 ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

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.
- Hearing aids
- 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.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and overthe-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/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- 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.

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

Translation of this material into another language may be available. Please call Member Services at the number on the back of your ID card.

Puede estar disponible la traduccion de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862.** 

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

For more information about Aetna plans, refer to www.aetna.com.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.

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