

**TIER 1: MAXIMUM SAVINGS**  
**TIER 1 - (NJ) AETNA WHOLE HEALTHSM- NEW JERSEY- AETNA**  
**SELECT MULTI-TIER**

**TIER 2: STANDARD SAVINGS**  
**TIER 2 - OPEN ACCESS AETNA SELECT**

**BENEFIT FEATURES**

Deductible and Maximum Out-of-Pocket are combined between Tier 1 and Tier 2. Maximum Out-of-Pocket includes any Deductible, Coinsurance, medical Copayments and prescription copay/Coinsurance but does not include non-covered amounts above the Plan's Allowable Charges, or Precertification penalties.		
Annual Deductible	\$3,000 Individual/\$6,000 Family (Embedded - combined between Tier 1 and Tier 2)	\$6,000/Individual; \$12,000/Family (Embedded - combined between Tier 1 and Tier 2)
Annual Maximum Out-of-Pocket	\$6,850/Individual; \$13,700/Family (Embedded)	\$6,850/Individual; \$13,700/Family (Embedded)
Lifetime Maximum	Unlimited	Unlimited
<b>Preventive Care screens</b>		
Preventive Care (wellness office visit)	Plan pays 100%	Plan pays 100%
Preventive Care/screenings	Plan pays 100%	Plan pays 100%
<b>Physician services</b>		
Primary Care Provider	First 2 PCP visits covered at 100%; subsequent visits, You pay \$30 copay/visit after deductible (Preventive office visits do not count toward the first 2 PCP office visits covered at 100%)	After Deductible, Plan pays 50%
Non - routine gynecological care	After Deductible, \$50 copay/visit	After Deductible, Plan pays 50%
Routine pre-natal care	After Deductible, \$30 copay/visit (Initial visit only)	After Deductible, Plan pays 50%
Specialist Physician	After Deductible, \$50 copay/visit	After Deductible, Plan pays 50%
Walk In clinic	After Deductible, \$30 copay/visit	After Deductible, Plan pays 50%
Telahealth services (TelaDoc)	General Medicine/Behavioral Health: After Deductible, \$30 copay/visit Dermatology: After Deductible, \$50 copay/visit	N/A
<b>Hospital services</b>		
Inpatient- Facility/Hospital charges <sup>(2)</sup>	After Deductible, \$500 copay per day x 5 days per admission	After Deductible, Plan pays 50%
Outpatient Ambulatory Surgery- Facility/Hospital charges <sup>(2)</sup>	Plan pays 50%, after \$250 copay, after deductible	After Deductible, Plan pays 50%
All other Outpatient Care- Facility/Hospital charges	Plan pays 50%, after \$50 copay, after deductible	After Deductible, Plan pays 50%
<b>Emergency care</b>		
Urgent Care Center	After Deductible, \$50 copay/visit	After Deductible, \$50 copay/visit
Emergency admission	After Deductible, \$500 copay per day x 5 days per admission	After Deductible, \$500 copay per day x 5 days per admission
Emergency room services	After Deductible and \$100 copay/visit, Plan pays 50% (Copay waived if admitted)	After Deductible and \$100 copay/visit, Plan pays 50% (Copay waived if admitted)
<b>Inpatient Mental Health and Substance Use Disorder<sup>(2)</sup></b>		
- Facility/Hospital based	After Deductible, \$500 copay per day x 5 days per admission	After Deductible, Plan pays 50%
- Physician/professional charges	After Deductible, Plan pays 50%	After Deductible, Plan pays 50%
<b>Outpatient Mental Health and Substance Use Disorder</b>		
- Office based	Plan pays 100%	After Deductible, Plan pays 50%
- All other Outpatient (includes: Partial Hospitalization treatment, intensive outpatient program, skilled behavioral health services, electro-convulsive therapy (ECT), transcranial magnetic stimulation (TMS), psychological and neuropsychological testing, 23 hour observation, peer counseling support by a peer support specialist, outpatient and ambulatory detoxification)	After Deductible, Plan pays 50%	After Deductible, Plan pays 50%
<b>Laboratory services<sup>(2)</sup></b>		
- Facility/Hospital based	After Deductible, Plan pays 50%	After Deductible, Plan pays 50%
- Office based or free-standing lab	After Deductible, \$30 copay/visit	After Deductible, Plan pays 50%
<b>Other Diagnostic Services (X-rays/MRIs/CT Scans/PET Scans/MRAs/mammography etc.)<sup>(2)</sup></b>		
- Facility/Hospital based	After Deductible, Plan pays 50%	After Deductible, Plan pays 50%
- Office based	After Deductible, Plan pays 50%	After Deductible, Plan pays 50%
<b>Outpatient Therapy Services<sup>(2)</sup></b>		
- Facility/Hospital based	After Deductible, \$50 copay/visit	After Deductible, Plan pays 50%
- Office based or free-standing	After Deductible, \$50 copay/visit	After Deductible, Plan pays 50%
<b>Plan notes/requirements:</b>		

Embedded means you can satisfy the Family "Deductible" or the Family "Maximum Out-of-Pocket" with any combination of family members satisfying the amount. However, no one individual may meet more than the individual amount.

For all Out-of-Network elective and Non-Emergent Services, there is no coverage.

(2) Some services listed may require Precertification. Network Providers should obtain Precertification for you. You are responsible for Precertification for all services by Out-of-Network Providers. A penalty of 50% of the Plan's allowable amount, to a maximum of \$10,000 will be applied if Precertification is not obtained. See the Plan's website at [www.membershealthplannj.com](http://www.membershealthplannj.com) for a complete Precertification list.

Note: This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, you will be supplied with a Plan Document/Summary Plan Description (SPD) that will detail all covered services.