

TIER 1: MAXIMUM SAVINGS

TIER 2: STANDARD SAVINGS

TIER 1 - (NJ) AETNA WHOLE HEALTHSM. NEW JERSEY- AETNA

TIER 2 - OPEN ACCESS AETNA SELECT

BENEFIT FEATURES

SELECT MULTI-TIER

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	\$1,500/Individual/\$3,000 Family (Aggregating - combined between Tier 1 and Tier 2)	\$3,000/Individual; \$6,000/Family (Aggregating - combined between Tier 1 and Tier 2)
Annual Maximum Out-of-Pocket	\$6,550/Individual; \$13,100/Family (Embedded)	\$6,550/Individual; \$13,100/Family (Embedded)
Lifetime Maximum	Unlimited	Unlimited
Preventive Care/screenings		
Preventive Care (wellness office visit)	Plan pays 100%	Plan pays 100%
Preventive Care/screenings	Plan pays 100%	Plan pays 100%
Physician services		
Primary Care Provider	After Deductible, first 2 PCP visits covered at 100%; subsequent visits, Plan pays 90% after deductible (Preventive office visits do not count toward the first 2 PCP office visit covered at 100%)	After Deductible, Plan pay 70%
Non - routine gynecological care	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Routine pre-natal care	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Specialist Physician	After Deductible, Plan pays 90%	After Deductible, Plan pay 70%
Walk In clinic	After Deductible, Plan pays 90%	After Deductible, Plan pay 70%
Telahealth services (TelaDoc)	General Medicine/Behavioral Health/Dermatology: After Deductible, Plan pays 90%	N/A
Hospital services		
Inpatient- Facility/Hospital charges ⁽²⁾	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Outpatient Ambulatory Surgery- Facility/Hospital charges ⁽²⁾	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
All other Outpatient Care- Facility/Hospital charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Emergency care		
Urgent Care Center	After Deductible, Plan pays 90%	After Deductible, Plan pays 90%
Emergency admission	After Deductible, Plan pays 90%	After Deductible, Plan pays 90%
Emergency room services	After Deductible, Plan pays 90%	After Deductible, Plan pays 90%
Inpatient Mental Health and Substance Use Disorders⁽²⁾		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
- Physician/professional charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Outpatient Mental Health and Substance Use Disorders		
- Office based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
- 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 90%	After Deductible, Plan pays 70%
Laboratory services⁽²⁾		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
- Office based or free-standing lab	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Other Diagnostic Services (X-rays/MRIs/CT Scans/PET Scans/MRAs/mammography etc.)⁽²⁾		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
- Office based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Outpatient Therapy Services⁽²⁾		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
- Office based or free-standing	After Deductible, Plan pays 90%	After Deductible, Plan pays 70%
Plan notes/requirements:		

Aggregating Deductible means that the entire Family "Deductible" must be met either by one person or any combination of members in the family before benefits are paid. Embedded "Maximum Out-of-Pocket" means the individual amount for any one (1) covered family member must be met and then any combination of family members may satisfy the remaining 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 Charge, to a maximum of \$10,000 will be applied if Precertification is not obtained. See the Plan's website at www.membershealthplanni.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.