

NO REFERRALS REQUIRED

AETNA - CHOICE POS II

**BENEFIT FEATURES**

**IN-NETWORK**

**OUT-OF-NETWORK**

Deductible and Maximum Out-of-Pocket are combined between In-Network and Out-of-Network, if plan has Out-of-Network benefits. 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	\$2,500/Individual; \$5,000/Family (Aggregating)	\$2,500/Individual; \$5,000/Family (Aggregating)
Annual Maximum Out-of-Pocket	\$7,000/Individual; \$14,000/Family (Embedded)	\$7,000/Individual; \$14,000/Family (Embedded)
Lifetime Maximum	Unlimited	Unlimited
<b>Preventive Care/screenings</b>		
Preventive Care (wellness office visit)	Plan pays 100%	Routine care not covered.
Preventive Care/screenings	Plan pays 100%	Routine care not covered.
<b>Physician services</b>		
Primary Care Provider	After Deductible, \$25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Non - routine gynecological care	After Deductible, \$25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Routine pre-natal care	After Deductible, \$25 copay (initial visit only)	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Specialist Physician	After Deductible, \$25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Walk In clinic	After Deductible, \$25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Telehealth services (TelaDoc)	General Medicine/Behavioral Health/ Dermatology: After Deductible, \$25 copay/visit	N/A
<b>Hospital services</b>		
Inpatient- Facility/Hospital charges <sup>(2)</sup>	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
Outpatient Ambulatory Surgery- Facility/Hospital charges <sup>(2)</sup>	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
All other Outpatient Care- Facility/Hospital charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
<b>Emergency Care</b>		
Urgent Care Center	After Deductible, \$25 copay/visit	After Deductible, \$25 copay/visit
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%
<b>Inpatient Mental Health and Substance Use Disorders<sup>(2)</sup></b>		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Physician/professional charges	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
<b>Outpatient Mental Health and Substance Use Disorders</b>		
- Office based	After Deductible, \$25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- 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 50% of Plan's Allowable Charges (1)
<b>Laboratory services<sup>(2)</sup></b>		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Office based or free-standing lab	After Deductible, \$25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
<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 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Office based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
<b>Outpatient Therapy Services<sup>(2)</sup></b>		
- Facility/Hospital based	After Deductible, Plan pays 90%	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)
- Office based or free-standing	After Deductible, \$25 copay/visit	After Deductible, Plan pays 50% of Plan's Allowable Charges (1)

**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.

(1) For all Out-of-Network Elective and Non-Emergent Services, the Plan will pay the Plan's Allowable Charges which will be based on 110% for Professional services and 140% for Facilities of current year Medicare/RBRVS. Refer to definition of Plan's Allowable Charges in Summary Plan Description.

(2) Some services listed below may require precertification. In-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.