



PLAN DESIGN & BENEFITS  
 ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	PREFERRED CARE
<b>Deductible</b> (per calendar year)	\$1,500 Individual \$3,000 Family
Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. There is no Individual Deductible to satisfy within the Family Deductible.	
<b>Member Coinsurance</b>	20%
Applies to all expenses unless otherwise stated	
<b>Payment Limit</b> (per calendar year)	\$2,500 Individual \$5,000 Family
Certain member cost sharing elements may not apply toward the Payment Limit Only those out-of-pocket expenses resulting from the application of coinsurance percentage, deductibles, and prescription drug copays (except any penalty amounts) may be used to satisfy the Payment Limit Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year. There is no Individual Payment Limit to satisfy within the Family Payment Limit.	
<b>Lifetime Maximum</b>	None
<b>Primary Care Physician Selection</b>	Optional
<b>Referral Requirement</b>	None
PREVENTIVE CARE	PREFERRED CARE
<b>Routine Adult Physical Exams/ Immunizations</b> 1 exam per 12 months	Covered 100%; deductible waived
<b>Routine Well Child Exams/Immunizations</b> 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the next 12 months; 1 exam per 12 months thereafter to age 18	Covered 100%; deductible waived
<b>Routine Gynecological Care Exams</b> Includes routine tests and related lab fees	Covered 100%; deductible waived
<b>Routine Mammograms</b> Recommended one baseline mammogram for females age 35 - 39; and one annual mammogram for females age 40 and over	Covered 100%; deductible waived
<b>Routine Digital Rectal Exam / Prostate-specific Antigen Test</b> For covered males age 40 and over	Covered 100%; deductible waived
<b>Colorectal Cancer Screening</b> For all members age 50 and over	Covered 100%; deductible waived
<b>Routine Eye Exams</b> 1 routine exam per 12 months	Covered 80% after deductible
<b>Routine Hearing Exams</b>	Covered 80% after deductible
PHYSICIAN SERVICES	PREFERRED CARE
<b>Primary Care Physician Office Visits</b>	Covered 80% after deductible
<b>Specialist Office Visits</b>	Covered 80% after deductible
<b>Allergy Testing</b>	Covered 80% after deductible
<b>Allergy Injections</b>	Covered 80% after deductible
DIAGNOSTIC PROCEDURES	PREFERRED CARE
<b>Diagnostic Laboratory and X-ray</b>	Covered 80% after deductible
EMERGENCY MEDICAL CARE	PREFERRED CARE
<b>Urgent Care Provider</b>	Covered 80% after deductible
<b>Non-Urgent Use of Urgent Care Provider</b>	Not Covered
<b>Emergency Room</b>	Covered 80% after deductible
<b>Non-Emergency care in an Emergency Room</b>	Not Covered
<b>Ambulance</b>	Covered 80% after deductible



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<b>HOSPITAL CARE</b>	<b>PREFERRED CARE</b>
<b>Inpatient Coverage</b>	Covered 80% after deductible
<b>Inpatient Maternity Coverage</b>	Covered 80% after deductible
<b>Outpatient Surgery</b>	Covered 80% after deductible
<b>Outpatient Hospital Expenses</b>	Covered 80% after deductible
The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	
<b>MENTAL HEALTH SERVICES</b>	<b>PREFERRED CARE</b>
<b>Inpatient Biologically Based Mental Illness</b>	Covered 80% after deductible
<b>Inpatient Non-Biologically Based Mental Illness</b>	Covered 80% after deductible
Limited to 35 days per calendar year	
<b>Outpatient Biologically Based Mental Illness</b>	Covered 80% after deductible
<b>Outpatient Non-Biologically Based Mental Illness</b>	Covered 80% after deductible
Limited to 30 visits per calendar year	
<b>ALCOHOL/DRUG ABUSE SERVICES</b>	<b>PREFERRED CARE</b>
<b>Inpatient Detoxification</b>	Covered 80% after deductible
<b>Outpatient Detoxification</b>	Covered 80% after deductible
<b>Inpatient Rehabilitation</b>	Covered 80% after deductible
Limited to 28 days per occurrence	
<b>Outpatient Rehabilitation</b>	Covered 80% after deductible
<b>OTHER SERVICES</b>	<b>PREFERRED CARE</b>
<b>Skilled Nursing Facility</b>	Covered 80% after deductible
Limited to 120 days per calendar year	
<b>Home Health Care</b>	Covered 80% after deductible
<b>Hospice Care - Inpatient</b>	Covered 80% after deductible
<b>Hospice Care - Outpatient</b>	Covered 80% after deductible
<b>Outpatient Short-Term Rehabilitation</b>	Covered 80% after deductible
Include Speech, Physical, and Occupational Therapy	
Treatment over a 60-day consecutive period per incident of illness or injury beginning with the first day of treatment	
<b>Spinal Manipulation Therapy</b>	Covered 80% after deductible
Limited to 20 visits per calendar year	
<b>Durable Medical Equipment</b>	Covered 80% after deductible
<b>Hearing Aids</b>	\$1000 per ear every 24 months, maximum of \$2000
Covered through age 15 in accordance with Grace's Law	
<b>Transplants</b>	Covered 80% after deductible
Coverage is provided at an IOE contracted facility only	
<b>Bariatric Surgery</b>	Covered 80% after deductible
<b>FAMILY PLANNING</b>	<b>PREFERRED CARE</b>
<b>Infertility Treatment</b>	Covered in accordance with the State of NJ Infertility Mandate
<b>GENERAL PROVISIONS</b>	
<b>Dependents Eligibility</b>	Spouse, children from birth to age 26

**Exclusions and Limitations**

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent.

Some benefits are subject to limitations or visit maximums. 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



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Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. Precertification requirements may vary.

Plans are administered by Aetna Life Insurance Company.