

Lee County BOCC Proposed Effective Date: 01-01-2019 Aetna Choice[™] POS II - ASC

PLAN DESIGN & BENEFITS

		TNA LIFE INSURAN		
PLAN FEATURES				EFERRED CARE
Deductible (per calendar year)	None	Individual	\$500	Individual
	None	Family	\$1,000	Family
All covered expenses, excluding prescription				-preferred Deductible.
Unless otherwise indicated, the Deductible				
Once Family Deductible is met, all family me	embers will be	considered as having	met their Deductib	le for the remainder of the
calendar year.				
Member Coinsurance	Covered	100%	30%	
Applies to all expenses unless otherwise sta				
Payment Limit (per calendar year)	\$1,500	Individual	\$2,000	Individual
	\$3,000	Family	\$4,000	Family
All covered expenses, excluding prescription	n drugs, accun	nulate toward both the	e preferred and non	-preferred Payment Limit.
Certain member cost sharing elements may	not apply towa	ard the Payment Limit		
Only those out-of-pocket expenses resulting	from the appl	ication of coinsurance	e percentage (exce	ot any deductibles, copays,
and penalty amounts) may be used to satisf	y the Payment	Limit.		
Once Family Payment Limit is met, all family	members will	be considered as have	ving met their Paym	ent Limit for the remainder of
the calendar year.			0	
Lifetime Maximum	Unlimited	d except where otherv	vise Unlimited	except where otherwise
Primary Care Physician Selection	Optional		Not applie	
Certification Requirements -				
Certification for certain types of Non-Preferr	ed care must h	be obtained to avoid a	reduction in benef	its paid for that care
Certification for Hospital Admissions, Treatm				
Hospice Care and Private Duty Nursing is r	•			
occurrence.	equired - excit			
	None		None	
Referral Requirement	NONE			
	DDEEED			
PREVENTIVE CARE		RED CARE	NON-PRI	EFERRED CARE
Routine Adult Physical Exams/	PREFER Covered			
Routine Adult Physical Exams/ Immunizations	Covered	100%	NON-PRI Not Cove	red
Routine Adult Physical Exams/ Immunizations 1 exam per 12 months for members age 18	Covered to age 65; 1 e	100% xam per 12 months fo	NON-PRI Not Cove or adults age 65 and	red d older.
Routine Adult Physical Exams/ Immunizations 1 exam per 12 months for members age 18 Routine Well Child Exams/Immunizations	Covered to age 65; 1 ez s Covered	100% xam per 12 months fo 100%	NON-PRI Not Cove or adults age 65 and 30% after	red d older. r deductible
Routine Adult Physical Exams/Immunizations1 exam per 12 months for members age 18Routine Well Child Exams/Immunizations7 exams in the first 12 months of life, 3 exams	Covered to age 65; 1 ez s Covered	100% xam per 12 months fo 100%	NON-PRI Not Cove or adults age 65 and 30% after	red d older. r deductible
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Routine Adult Physical Exams/ Immunizations 1 exam per 12 months for members age 18 Routine Well Child Exams/Immunizations 7 exams in the first 12 months of life, 3 examper 12 months thereafter to age 18. Routine Gynecological Care Exams	Covered to age 65; 1 ex s Covered ns in the secor Covered	100% xam per 12 months fo 100% nd 12 months of life, 3 100%	NON-PRI Not Cove or adults age 65 and 30% after	red d older. deductible 12 months of life; 1 exam
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PLAN DESIGN & BENEFITS ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

1 routine exam per 12 months

Routine Hearing Exams	Covered 100%	Not Covered
1 routine exam per 12 months		
PHYSICIAN SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Office Visits to PCP	\$10 office visit copay	30% after deductible
ncludes services of an internist, general physic		
Specialist Office Visits	\$35 office visit copay	30% after deductible
Pre-Natal Maternity	Covered 100%	Not Covered
Maternity Delivery and Post Partum care	Covered same as Specialist Office Visit;	30% after deductible
Allergy Testing	Covered as either PCP or specialist office visit	t 30% after deductible
Allergy Injections	Covered as either PCP or specialist office visit	30% after deductible
DIAGNOSTIC PROCEDURES	PREFERRED CARE	NON-PREFERRED CARE
Diagnostic Laboratory and X-ray except for	\$35 copay	30% after deductible
Complex Imaging Services		
f performed as a part of a physician office visit physician's office visit member cost sharing	and billed by the physician, expenses a	re covered subject to the applicable
Diagnostic X-ray for Complex Imaging	\$50 copay	30% after deductible
Services		
EMERGENCY MEDICAL CARE	PREFERRED CARE	NON-PREFERRED CARE
Urgent Care Provider	\$50 copay	30% after deductible
benefit availability may vary by location)		
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$150 copay	Same as preferred care; after
		deductible
Non-Emergency care in an Emergency Roor	m Not Covered	Not Covered
Ambulance	Covered 100%	100%; deductible waived
	PREFERRED CARE	NON-PREFERRED CARE
TUSPITAL CARE		
	Covered 100% after \$500 per	30% after \$500 per confinement
	-	30% after \$500 per confinement deductible after deductible
npatient Coverage	Covered 100% after \$500 per confinement copay	deductible after deductible
npatient Coverage	Covered 100% after \$500 per confinement copay d benefits incurred during a member's in	deductible after deductible patient stay
npatient Coverage The member cost sharing applies to all covered	Covered 100% after \$500 per confinement copay	deductible after deductible
Inpatient Coverage The member cost sharing applies to all covered Inpatient Maternity Coverage	Covered 100% after \$500 per confinement copay d benefits incurred during a member's in Covered 100% after \$500 per confinement copay	deductible after deductible patient stay 30% after \$500 per confinement deductible after deductible
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Inpatient Coverage The member cost sharing applies to all covered Inpatient Maternity Coverage The newborn child will also be subject to the pe deductible, separate from the mother's. The member cost sharing applies to all covered Outpatient Surgery	Covered 100% after \$500 per confinement copay d benefits incurred during a member's in Covered 100% after \$500 per confinement copay er confinement copay and if applicable th d benefits incurred during a member's in	deductible after deductible patient stay 30% after \$500 per confinement deductible after deductible ne non-preferred calendar year patient stay
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aetna

Lee County BOCC Proposed Effective Date: 01-01-2019 Aetna Choice[™] POS II - ASC

PLAN DESIGN & BENEFITS

ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

Covered same as Specialist Office visit; after deductible

The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit

\$35 copay

Convalescent Facility Covered 100% after \$500 per confinement copay 30% after \$500 per deductible after deductible Limited to 120 days per calendar year. The member cost sharing applies to all covered benefits incurring during a member's inpatient stay Mome Health Care Covered 100% 50% after deductible Limited to 120 visits per calendar year. Each visit by a nome health care aide is one visit. Covered 100% after \$500 per confinement copay 30% after 4500 per 30% after 4500 per confinement deductible after deductible The member cost sharing applies to all covered benefits incurred during a member's inpatient stay Hoospice Care - Outpatient Covered 100% 30% after deductible The member cost sharing applies to all covered benefits incurred during a member's outpatient visit Privato Duty Nursing - Outpatient (Limited to Covered 100% 30% after deductible 70 eight hour shifts per calendar year) Each visiting nurse care or private duty nursing care shift of 4 hours or less counts as one home health visit. Each such shift of over 4 hours and up to 8 hours counts as two home health care visits. Outpatient Short-Term Rehabilitation \$35 copay 30% after deductible Durable Medical Equipment Covered 100% 30% after deductible Covered 100% 20% after deductible Diabetic Supplies Covered 100% 30% after deductible Covered 100% 3	OTHER SERVICES	PREFERRED CARE	NON-PREFERRED CARE
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Diagnosis and treatment of the underlying medical condition.			•
Comprohensive Infertility Services Covered 100% Not Covered	Diagnosis and treatment of the underlying medi	cal condition.	-
Comprehensive intertinity services Covered 100% Not Covered	Comprehensive Infertility Services	Covered 100%	Not Covered
Coverage includes Artificial Insemination (limited to six courses of treatment per member's lifetime) and Ovulation Induction	Coverage includes Artificial Insemination (limite	d to six courses of treatment per membe	er's lifetime) and Ovulation Induction
Induction (limited to six courses of treatment per member's lifetime). Lifetime maximum applies to all procedures	-		
covered by any Aetna plan except where prohibited by law.		,	•



	PLAN DESIGN & BENEFITS	
	MINISTERED BY AETNA LIFE INSURANCE COM	
Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered;	Member cost sharing is based on th type of service performed and the place of service where it is rendered after deductible
Tubal Ligation	Covered 100%;	Member cost sharing is based on th type of service performed and the place of service where it is rendered after deductible
PHARMACY	PREFERRED CARE	NON-PREFERRED CARE
Retail	\$10 copay for generic drugs, \$20 copay for formulary brand-name drugs, and \$35 copay for non- formulary brand-name drugs up to a 30 day supply at participating pharmacies.	Not Covered
Mail Order	\$0 copay for generic drugs, \$40 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand- name drugs up to a 31-90 day supply from Aetna Rx Home Delivery®.	Not applicable
Plan Includes: Contraceptive drugs	Member is responsible to pay the applicable copay and devices obtainable from a pharmacy, Oral fert ctions are not covered under RX, medical coverage	ility drugs, Injectable fertility drugs

 Precert for growth hormones included

 Formulary Generic FDA-approved Women's Contraceptives covered 100% in network

 Prescription Drug Annual Out of Pocket
 Individual
 Not Covered

 Maximum
 Family

 GENERAL PROVISIONS
 Family

 Dependents Eligibility
 Spouse, children from birth to age 26

 Pre-existing Conditions Exclusion
 On effective date: Waived

 After effective date: Waived
 After effective date: Waived

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. The following is a partial 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 or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, 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.

Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. 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.



Lee County BOCC Proposed Effective Date: 01-01-2019 Aetna Choice[™] POS II - ASC

PLAN DESIGN & BENEFITS

ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

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 Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are administered by Aetna Life Insurance Company.