



PLAN DESIGN & BENEFITS
MEDICAL PLAN PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	
Benefit limitations - Some service or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on January 1 (unless otherwise noted). Refer to your plan documents to learn more.	
Deductible (per calendar year)	\$1,000 per Individual \$2,000 per Family
You must first meet the deductible before the plan begins paying benefits, unless otherwise noted. The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription drug costs do not count toward the deductible. Refer to your plan documents for details. Your family will have one deductible. You will meet it when the expenses of several family members add up to the family deductible. No one person will have to pay more than the individual deductible.	
Member coinsurance	You pay 20%
Applies to all expenses except as noted.	
Out-of-pocket limit (per calendar year)	\$3,500 per Individual \$7,000 per Family
Some of your cost sharing may not count toward the out-of-pocket limit. Your pharmacy expenses count toward your out-of-pocket limit. Out-of-network expenses include coinsurance. Penalty amounts do not apply. Your family will have one out-of-pocket limit. You will meet it when the expenses of several family members add up to the family out-of-pocket limit. No one person will have to pay more than the individual out-of-pocket limit amount.	
Lifetime maximum	Unlimited except where otherwise indicated.
Primary care physician selection	Does not apply
Precertification requirements	Certification for Hospital Admissions must be obtained to avoid a reduction in benefits paid. Excluded amount applied separately to each type of expense is \$400 per occurrence.
Referral requirement	Not required
PREVENTIVE CARE	
Routine adult physical exams/immunizations 1 exam every 12 months	Covered 100%; no deductible
Routine well child exams/immunizations 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22.	Covered 100%; no deductible
Routine gynecological care exams 1 exam and pap smear per year, includes related fees.	Covered 100%; no deductible
Routine mammogram Recommended: One per year for members age 40 and over	Covered 100%; no deductible
Women's health Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Also includes: contraceptive methods (ACA mandated contraceptives, including contraceptives and devices you can't get at a pharmacy), sterilization procedures (including tubal ligation), patient education and counseling. Limits may apply.	Covered 100%; no deductible
Pre-natal maternity	Covered 100%; no deductible
Routine digital rectal exam Recommended: For members age 40 and over	Covered 100%; no deductible
Prostate-specific antigen test Recommended: For members age 40 and over	Covered 100%; no deductible



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Colorectal cancer screening	Covered 100%; no deductible
Recommended: For members age 45 and over	
Routine eye exams	Covered 100%; no deductible
1 routine exam per 24 months.	
Routine hearing screening	Covered 100%; no deductible
PHYSICIAN SERVICES	
Office visits to non-specialist	20%; after deductible
Includes services of an internist, general physician, family practitioner or pediatrician.	
Specialist office visits	20%; after deductible
Hearing exams	Not Covered
Walk-in clinics	20%; after deductible
Walk-in clinics are free-standing health care facilities. Sometimes they may be within a pharmacy, drug store, supermarket, or other retail store. They offer some limited medical care and services. Not walk-in clinics: Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.	
Allergy testing	Your cost sharing amount depends on the type of service and where you receive it.
Allergy injections	Your cost sharing amount depends on the type of service and where you receive it.
DIAGNOSTIC PROCEDURES	
Diagnostic X-ray (Other than complex imaging services)	20%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
Diagnostic laboratory	20%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
Diagnostic complex imaging	20%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
EMERGENCY MEDICAL CARE	
Urgent care provider	20%; after deductible
Non-urgent use of urgent care provider	Not Covered
Emergency room	20%; after deductible
Non-emergency care in an emergency room	Not Covered
Emergency use of ambulance	20%; after deductible
Non-emergency use of ambulance	Not Covered



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HOSPITAL CARE	
Inpatient coverage	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Inpatient maternity coverage (includes delivery and postpartum care)	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Outpatient hospital expenses	20%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
MENTAL HEALTH SERVICES	
Mental health inpatient	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Mental health office visits	20%; after deductible
Other mental health services	20%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
SUBSTANCE ABUSE	
Substance abuse inpatient	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Residential treatment facility	20%; after deductible
When you're admitted into a facility for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Substance abuse office visits	20%; after deductible
Other substance abuse services	20%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
THERAPY SERVICES	
Spinal manipulation therapy	20%; after deductible
Limited to 20 visits per year.	
Outpatient rehabilitative physical and occupational therapy	20%; after deductible
Outpatient rehabilitative speech therapy	20%; after deductible
Habilitative physical therapy	20%; after deductible
Habilitative occupational therapy	20%; after deductible
Habilitative speech therapy	20%; after deductible
Autism related physical therapy	20%; after deductible
Autism related occupational therapy	20%; after deductible
Autism related speech therapy	20%; after deductible
Autism related behavioral therapy	20%; after deductible
These benefits are combined with outpatient mental health visits	
Autism related applied behavior analysis	20%; after deductible
Your benefits for these services are the same as any other outpatient mental health other services benefits.	



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OTHER SERVICES	
Skilled nursing facility Limited to 60 days per year When you're admitted into a facility for the care you need, your cost sharing amount counts toward all covered benefits you receive.	20%; after deductible
Home health care Limited to 120 visits per year Private duty nursing not covered Limited to three visits per day by staff from a home health care agency. One visit equals a period of four hours or less.	20%; after deductible
Hospice care - inpatient When you're admitted into a facility for the care you need, your cost sharing amount counts toward all covered benefits you receive.	20%; after deductible
Hospice care - outpatient When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	20%; after deductible
Durable medical equipment	50%; after deductible
Orthotics Orthotics and special footwear covered for persons with foot disfigurement.	20%; after deductible
Diabetic supplies -- (if not covered under the prescription drug benefit)	Covered same as any other medical expense. You pay your prescription drug cost sharing amount if you have prescription drug coverage. If not, you pay your PCP visit cost sharing amount.
Infusion therapy Administered in an outpatient hospital department or freestanding facility	20%; after deductible
Hearing aids	Not Covered
Transplants	20%; after deductible
Bariatric surgery	Not Covered
Acupuncture Limited to 20 visits per year	20%; after deductible
FAMILY PLANNING	
Infertility treatment You have coverage for artificial insemination and the diagnosis and treatment of the underlying cause of infertility.	Your cost sharing depends on the type of service and where you receive it.
Advanced Reproductive Technology (ART) In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), ovulation induction (OI), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	Not Covered
Fertility preservation	Not Covered
Tubal ligation	Covered 100%; no deductible
Vasectomy	Covered 100%; no deductible



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PHARMACY

Pharmacy plan type Advanced Control Plan - Aetna: California

Prescription drug out-of-pocket limit Prescription drug expenses apply to your medical out-of-pocket limit.

Generic drugs

Retail \$10 copay
Mail order \$20 copay

Preferred brand-name drugs

Retail \$30 copay
Mail order \$60 copay

Non-preferred brand-name drugs

Retail \$50 copay
Mail order \$100 copay

Specialty drugs

Preferred specialty 20%
 Maximum \$200

Non-preferred specialty 20%
 Maximum \$200

Pharmacy day supply and requirements

Retail You can get up to a 30-day supply from Aetna National Network

Mail order You can get a 31-90-day supply from CVS Caremark® Mail Service Pharmacy.

Specialty You can get up to a 30-day supply of specialty drugs
 All prescription fills must be through our preferred specialty pharmacy network.
 Advanced Control Formulary Aetna Insured List

Your prescription drug plan also includes:

- Diabetic supplies
- \$25 copay maximum per fill per 30 day supply for formulary insulin drugs
- Prescription weight loss drugs
- Sexual dysfunction drugs, including daily dose, additional 6 tablets a month for erectile dysfunction
- A limited list of over-the-counter medications when filled with a prescription

Family planning

- Oral fertility drugs included.
- Contraceptives covered up to a 12-month supply. Contraceptive copay strategy applies.

The following are covered 100% in-network:

- Oral chemotherapy drugs
- Seasonal vaccinations
- Preventive vaccinations
- Affordable Care Act (ACA) eligible preventive medications and contraceptives, also includes male condoms

Refer to **Aetna.com** for a complete list of eligible prescription drugs.

Precertification requirements

Some covered prescription drugs need approval from us before we will cover the drug.

Some covered prescription drugs require step therapy before we cover them. With step therapy, you must first try one or more drugs before we will pay for drugs that require step therapy.

To get the most up-to-date precertification requirements and a list of drugs that require step therapy, see your plan documents or go online to your member website.



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Choose generics with dispense as written (DAW) override - Sometimes your physician may say you need a brand-name prescription drug even if a generic is available. If so, you will pay the brand-name copay. If you ask for a brand-name prescription drug when a generic is available, you will pay the applicable brand-name copay plus the difference between the generic price and the brand-name price.

GENERAL PROVISIONS

Dependents who are eligible to be on your plan Spouse, children from birth to age 26. Student status of children does not matter.

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna Life Insurance Company and/or Aetna HealthAssurance Pennsylvania, Inc. Each insurer has sole financial responsibility for its own plans and products.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a 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 and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including 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.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- 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.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

Translation of the material into another language may be available. Please call Member Services at **1-888-982-3862**.



CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE
Effective Date: 01-01-2025
Traditional Choice®TC - California

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Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862**.

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to **www.aetna.com**.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.

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