



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

PLAN FEATURES	IN-NETWORK
Benefit Limitations - For any service or supply that is subject to a maximum visit, day, or dollar limitation on a per year basis, the benefit year begins on January 1st unless otherwise mandated. Refer to your plan documents for more information.	
Deductible (per calendar year)	None Individual None Family
Member Coinsurance Applies to all expenses unless otherwise stated.	10%
Payment Limit (per calendar year)	\$3,000 Individual \$6,000 Family
Certain member cost sharing elements may not apply toward the Payment Limit. Pharmacy expenses apply towards the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.	
Lifetime Maximum Unlimited except where otherwise indicated.	
Primary Care Physician Selection	Optional
Referral Requirement	None
Telemedicine Consultations - Covered services for telemedicine consultations are available from a number of different kinds of providers under your plan. Log onto your secure Aetna website at https://www.aetna.com/ to review our telemedicine provider listings and get more information about your options, including specific cost sharing amounts.	
PREVENTIVE CARE	IN-NETWORK
Routine Adult Physical Exams/ Immunizations 1 exam every 12 months up to age 65, 1 exam every 12 months age 65 and older	Covered 100%
Routine Well Child Exams/Immunizations 7 exams first 12 months, 3 exams 13th - 24th months, 3 exams 25th - 36th months, 1 exam per 12 months thereafter to age 22.	Covered 100%
Routine Gynecological Care Exams 1 exam and pap smear per year, includes related fees.	Covered 100%
Routine Mammograms Recommended: One baseline mammogram for females age 35 - 39; and one mammogram per calendar year for females age 40 and over.	Covered 100%
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. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.	Covered 100%
Routine Digital Rectal Exam Recommended: For covered males age 40 and over.	Covered 100%
Prostate-specific Antigen Test Recommended: For covered males age 40 and over.	Covered 100%
Colorectal Cancer Screening Recommended: For all members age 45 and over.	Covered 100%



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

Routine Eye Exams 1 routine exam per 12 months.	Covered 100%
Routine Hearing Screening	Covered 100%
PHYSICIAN SERVICES	IN-NETWORK
Primary Care Physician Visits Includes services of an internist, general physician, family practitioner or pediatrician.	\$15 office visit copay
Telemedicine Consultation with Non-Specialist	\$15 office visit copay
Specialist Office Visits	\$25 office visit copay
Telemedicine Consultation with Specialist	\$25 office visit copay
Hearing Exams	Not Covered
Pre-Natal Maternity	Covered 100%
Walk-in Clinics	\$15 copay Designated Walk-in Clinics Covered 100%
Walk-in Clinics are free-standing health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be Walk-in Clinics.	
Telemedicine Consultations for Non-Emergency Services through a Walk-in Clinic	Your cost sharing is based on the type of service and where it is performed Designated Walk-in Clinics Covered 100%
If telemedicine preventive screening and counseling services are provided through a walk-in clinic, these services are paid under the preventive care benefit.	
Allergy Testing	Your cost sharing is based on the type of service and where it is performed
Allergy Injections	Your cost sharing is based on the type of service and where it is performed. Covered 100% when an office visit charge is not applicable.
DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic X-ray If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%
Diagnostic Laboratory If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%
Diagnostic Complex Imaging If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	10%
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care Provider	\$30 office visit copay
Non-Urgent Use of Urgent Care Provider	Not Covered
Emergency Room Copay waived if admitted	10% after \$250 copay
Non-Emergency Care in an Emergency Room	Not Covered
Emergency Use of Ambulance	Covered 100%
Non-Emergency Use of Ambulance	Not Covered



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

HOSPITAL CARE	IN-NETWORK
Inpatient Coverage	10%
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Inpatient Maternity Coverage	10%
(includes delivery and postpartum care)	
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Outpatient Hospital	10%
The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	
Outpatient Surgery - Hospital	10%
The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	
Outpatient Surgery - Freestanding Facility	10%
The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient	10%
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Mental Health Office Visits	\$15 copay
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Mental Health Telemedicine Consultations	\$15 office visit copay
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Other Mental Health Services	Covered 100%
SUBSTANCE ABUSE	IN-NETWORK
Inpatient	10%
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Residential Treatment Facility	10%
Substance Abuse Office Visits	\$15 copay
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Substance Abuse Telemedicine Consultations	\$15 office visit copay
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Other Substance Abuse Services	Covered 100%
OTHER SERVICES	IN-NETWORK
Skilled Nursing Facility	10%
Limited to 120 days per year	
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Home Health Care	10%
Limited to 120 visits per year	
Private Duty Nursing not included.	
Limited to 3 intermittent visits per day by a participating home health care agency; 1 visit equals a period of 4 hrs or less.	
Hospice Care - Inpatient	10%
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Hospice Care - Outpatient	10%
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Private Duty Nursing	10%
Limited to 70 eight hour shifts per year.	
Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.	



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

Outpatient Short-Term Rehabilitation Limited to 60 visits per year Includes speech, physical, occupational therapy	\$25 copay
Spinal Manipulation Therapy Limited to 40 visits per year	\$10 copay
Habilitative Physical Therapy	Refer to MBH Outpatient Mental Health All Other
Habilitative Occupational Therapy	Refer to MBH Outpatient Mental Health All Other
Habilitative Speech Therapy	Refer to MBH Outpatient Mental Health All Other
Autism Behavioral Therapy Combined with outpatient mental health visits	Refer to MBH Outpatient Mental Health
Autism Applied Behavior Analysis Covered same as any other Outpatient Mental Health All Other benefit	Refer to MBH Outpatient Mental Health All Other
Autism Physical Therapy	Refer to MBH Outpatient Mental Health All Other
Autism Occupational Therapy	Refer to MBH Outpatient Mental Health All Other
Autism Speech Therapy	Refer to MBH Outpatient Mental Health All Other
Durable Medical Equipment	50%
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.
Affordable Care Act mandated Women's Contraceptives	Covered 100%
Women's Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%
Infusion Therapy Administered in the home or physician's office	\$25 copay
Infusion Therapy Administered in an outpatient hospital department or freestanding facility	Your cost sharing is based on the type of service and where it is performed
Gene-based, Cellular, and other Innovative Therapies (GCIT™)	Your cost sharing is based on the type of service and where it is performed \$50 copay for gene therapy drugs, if applicable In-network coverage is provided at GCIT™ designated facilities only.
Naturopathic Services Limited to 40 visits per year	\$10 copay
Transplants	10% Preferred coverage is provided at an IOE contracted facility only.
Bariatric Surgery Your cost sharing applies to all covered benefits incurred during your inpatient stay.	10%
Acupuncture Limited to 40 visits per calendar year.	\$10 copay
FAMILY PLANNING	IN-NETWORK
Infertility Treatment Diagnosis and treatment of the underlying medical condition only.	Applicable cost sharing based on the type of service performed and place of service where rendered
Comprehensive Infertility Services Artificial insemination and ovulation induction	Not Covered



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

Advanced Reproductive Technology (ART)	Not Covered
In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	
Vasectomy	Your cost sharing is based on the type of service and where it is performed
Tubal Ligation	Covered 100%
PHARMACY	IN-NETWORK
Pharmacy Plan Type	Aetna Standard Open Formulary
Generic Drugs	
Retail	\$5 copay
Mail Order	\$10 copay
Preferred Brand-Name Drugs	
Retail	15% Maximum \$100
Mail Order	15% Maximum \$200
Non-Preferred Brand-Name Drugs	
Retail	15% Maximum \$150
Mail Order	15% Maximum \$300
Retail Out-of-Network Coverage	Not Covered
Specialty Drugs	
Preferred Specialty	15% Maximum \$250
Non-Preferred Specialty	15% Maximum \$250
Pharmacy Day Supply and Requirements	
Retail	Up to a 30 day supply from Aetna National Network Percentage copays will not be doubled
Mandatory Maintenance Choice	After two retail fills, members are required to fill a 90-day supply of maintenance drugs at CVS Caremark® Mail Service Pharmacy or at a CVS Pharmacy. Otherwise, the member will be responsible for 100 percent of the cost-share.
Opt Out	The member must notify us of whether they want to continue to fill at a network retail pharmacy by calling the number on the member ID card.
Specialty	Up to a 30 day supply First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through our preferred specialty pharmacy network. Aetna Specialty Performance Network Drug List
Plan Includes: Diabetic supplies, blood glucose monitors, prescription weight loss drugs and contraceptive drugs and devices obtainable from a pharmacy. Includes sexual dysfunction drugs for females and males, including daily dose, additional 6 tablets a month for males for erectile dysfunction. Oral fertility drugs included. Precertification for specialty drugs included Seasonal Vaccinations covered 100% in-network Preventive Vaccinations covered 100% in-network Travel Vaccinations covered 100% in-network Affordable Care Act mandated female contraceptives and preventive medications covered 100% in-network.	



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

GENERAL PROVISIONS

Dependents Eligibility - Spouse, children from birth to age 26 regardless of student status.

Plans are provided by: Aetna Health Inc. While this material is believed to be accurate as of the production date, it is subject to change.

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. 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 this material into another language may be available. Please call Member Services at the number on the back of your ID card.

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



ANAHEIM ARENA MANAGEMENT, LLC
Effective Date: 01-01-2022
Aetna Open Access® Aetna SelectSM

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA HEALTH INSURANCE COMPANY - SELF-FUNDED

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.

© 2016 Aetna Inc.