

# Aetna Option 1 Medical Plan

Group #719999 (Aetna Select Open Access)

Effective 1-1-2015



Local Response | National Support

	In Network
<b>Annual Deductible</b> <b>Annual Plan Coinsurance</b> <b>Out-of-Pocket Maximum</b> <b>Lifetime Maximum</b>	\$4,000 Indiv/\$8,000 Family 65% \$6,250 Indiv/\$12,500 Family Unlimited
<b>Doctor's Services</b> Office Visits—PCP Office Visits—Specialist Convenience Clinic Teladoc consultation	35% coinsurance after deductible 35% coinsurance after deductible \$40 copay \$20 copay Call 1-855-835-2362 or log onto <a href="http://www.teledoc.com/aetna">www.teledoc.com/aetna</a>
<b>Preventive Care</b> (age/frequency limitations may apply) Well Child Care Routine Mammograms Pap Smears Prostate Screenings Routine Child Immunizations	Covered at 100% Covered at 100% Covered at 100% Covered at 100% Covered at 100%
<b>Outpatient Services</b> Lab  X-Ray Outpatient Surgery	35% coinsurance after deductible at Quest and all participating labs; 55% coinsurance after deductible for in-network hospital labs 35% coinsurance after deductible 35% coinsurance after deductible
<b>Hospital Services</b> Inpatient Hospital Emergency Room Urgent Care Ambulance	35% coinsurance after deductible 35% coinsurance after deductible 35% coinsurance after deductible 35% coinsurance after deductible
<b>Mental Health Care</b> Inpatient Hospital Services <i>Max Inpatient Days Per Cal Year</i> Outpatient Doctor's Visits <i>Max Visits Per Cal Year</i>	35% coinsurance after deductible None 35% coinsurance after deductible None
<b>Alcohol &amp; Drug Abuse Rehab</b> Inpatient Hospital Services <i>Max Inpatient Days Per Cal Year</i> Outpatient Doctor's Visits <i>Max Visits Per Cal Year</i>	35% coinsurance after deductible None 35% coinsurance after deductible None
<b>Other Services</b> Short Term Rehabilitation <i>Max Visits per Cal Year</i> Chiropractic Care <i>Max Visits per Cal Year</i> Home Health Care <i>Max Visits per Cal Year</i> Durable Medical Equipment External Prosthetic Appliances Vision Exam	35% coinsurance after deductible 30 visits, combined with Chiropractic Care 35% coinsurance after deductible 30 visits, combined with Short Term Rehab 35% coinsurance after deductible 120 visits; a visit up to 4 hours equates one visit 35% coinsurance after deductible 35% coinsurance after deductible 35% coinsurance after deductible
<b>Prescription Drugs</b> Retail Pharmacy (30 day supply) Generic Preferred Brand Non-Preferred Brand Specialty Generic contraceptives Mail Order Benefit (90 day supply) Generic Preferred Brand Non-Preferred Brand	<b>Pharmacy Benefits administered by: Express Scripts, Inc. (Separate ID cards Issued)</b> \$15 copay 30% copay (\$40 min / \$60 max) 50% copay (\$55 min / \$90 max) 30% copay (\$50 min / \$120 max) Covered at 100% in compliance with Women's Preventative Care \$40 copay 30% copay (\$100 min / \$150 max) 50% copay (\$140 min / \$225 max)



If you have any questions, please contact Aetna at:

1-800-548-2521

This is an informational summary of benefits offered. Details about this option are contained in the applicable Summary Plan Description (SPD) or Certificate of Coverage (COC). If there are any conflicts between the information contained in this summary of benefits and the SPD/COC, the SPD/COC will govern. AlliedBarton Security Services reserves the right to change, amend or terminate the program and its options at any time.

AOPTION 1—2015