

Aetna Option 2 Medical Plan

Group #719999 (Aetna Select Open Access)

Effective 1-1-2015



Local Response | National Support

	In Network
Annual deductible	\$1,000 Indiv/\$3,000 Family
Annual Plan Coinsurance	80%
Out-of-Pocket Maximum	\$4,000 Indiv/\$8,000 Family
Lifetime Maximum	Unlimited
Doctor's Services	
Office Visits—PCP	20% coinsurance after deductible
Office Visits—Specialist	20% coinsurance after deductible
Convenience Clinic	\$40 copay
Teladoc consultation	\$20 copay Call 1-855-835-2362 or log onto www.teladoc.com/aetna
Preventive Care (age/frequency limitations may apply)	
Well Child Care	Covered at 100%
Routine Mammograms	Covered at 100%
Pap Smears	Covered at 100%
Prostate Screenings	Covered at 100%
Routine Child Immunizations	Covered at 100%
Outpatient Services	
Lab	20% coinsurance after deductible at Quest and all participating labs; 40% coinsurance after deductible for in-network hospital labs
X-Ray	20% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible
Hospital Services	
Inpatient Hospital	20% coinsurance after deductible
Emergency Room	20% coinsurance after deductible
Urgent Care	20% coinsurance after deductible
Ambulance	20% coinsurance after deductible
Mental Health Care	
Inpatient Hospital Services	20% coinsurance after deductible
Max Inpatient Days Per Cal Year	None
Outpatient Doctor's Visits	20% coinsurance after deductible
Max Visits Per Cal Year	None
Alcohol & Drug Abuse Rehab	
Inpatient Hospital Services	20% coinsurance after deductible
Max Inpatient Days Per Cal Year	None
Outpatient Doctor's Visits	20% coinsurance after deductible
Max Visits Per Cal Year	None
Other Services	
Short Term Rehabilitation	20% coinsurance after deductible
Max Visits per Cal Year	30 visits, combined with Chiropractic Care
Chiropractic Care	20% coinsurance after deductible
Max Visits per Cal Year	30 visits, combined with Short Term Rehab
Home Health Care	20% coinsurance after deductible
Max Visits per Cal Year	120 visits; a visit up to 4 hours equates one visit
Durable Medical Equipment	20% coinsurance after deductible
External Prosthetic Appliances	20% coinsurance after deductible
Vision Exam	20% coinsurance after deductible
Prescription Drugs	Pharmacy Benefits administered by: Express Scripts, Inc. (Separate ID cards Issued)
Retail Pharmacy (30 day supply)	
Generic	\$15 copay
Preferred Brand	30% copay (\$40 min / \$60 max)
Non-Preferred Brand	50% copay (\$55 min / \$90 max)
Specialty	30% copay (\$50 min / \$120 max)
Generic Contraceptives	Covered at 100% in compliance with Women's Preventative Care
Mail Order Benefit (90 day supply)	
Generic	\$40 copay
Preferred Brand	30% copay (\$100 min / \$150 max)
Non-Preferred Brand	50% copay (\$140 min / \$225 max)



If you have any questions, please contact Aetna at:

1-800-548-2521

www.aetna.com

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 2—2015