

**Supplemental Information**

**Coverage for: Individual + Family | Plan Type: PPO**

<p><b>How is the overall deductible or out-of-pocket limit met?</b></p>	<p>Individual <b>deductible</b> and <b>out-of-pocket limit</b> payments apply to the family <b>deductible</b> and <b>out-of-pocket limit</b>.</p>	<p>The family <b>deductible</b> and family <b>out-of-pocket limit</b> are cumulative for all family members. The family <b>deductible</b> and <b>out-of-pocket limit</b> can be met by a combination of family members; however no single individual within the family will be subject to more than the individual <b>deductible</b> or <b>out-of-pocket limit</b> amount.</p>
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**How your out-of-network care is reimbursed:**

Professional Services: Prevailing Charges

Facility Services: Prevailing Charges

**Other important information about your plan:**

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.

Additional information regarding your **plan** is available in the Disclosure Document on [www.aetna.com](http://www.aetna.com).

Information includes:

- “Knowing what is covered” which describes how we review a request for coverage for a service or supply
- “**Prescription drug** benefit” which describes procedures we use to manage **prescription drug** benefits. These procedures include how to obtain a list of covered drugs and the exception policy for receiving coverage of a drug that is not on a closed formulary

**Plans** are provided by: Aetna Life Insurance Company. 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.

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This **health insurance** issuer believes this coverage is a "grandfathered health **plan**" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health **plan** can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health **plan** means that your policy may not include certain consumer protections of the Affordable Care Act that apply to other **plans**, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health **plans** must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health **plan** and what might cause a **plan** to change from grandfathered health **plan** status can be directed to the **plan** administrator at 1-888-982-3862. If your **plan** is governed by ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health **plans**. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

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 agents of Aetna. **Provider** participation may change without notice. We do not provide care or guarantee access to health services.

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 you or your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your **plan** documents
- 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 with respect to the treatment of cancer or other life-threatening disease or condition.
- Home births
- Non-**medically necessary** services or supplies
- Orthotics except diabetic orthotics
- 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

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- Immunizations for travel or work except where **medically necessary** or indicated
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Long-term rehabilitation therapy

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

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

We consider your personal information to be private. We have policies and procedures in place to protect your personal information from unlawful use and disclosure. For a summary of our policy, go to [www.aetna.com](http://www.aetna.com). You'll find the Privacy Notices link at the bottom of the page.

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

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- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling or **prescription drugs**
- Therapy or rehabilitation other than those listed as covered