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Aetna Whole Health Plans OMNIA $5/$15
Cherry Hill Township

Benefit	OMNIA Tier 1	Tier 2
Benefit Period	Calendar Year	
Deductible		
Individual	$0	$1,500
Family	$0	$3,000
Deductible is Calendar Year.		
Coinsurance	100%	80%
Maximum Out of Pocket		
Individual	$2,500	$4,500
Family	$5,000	$9,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP, but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after $5 copay A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	100% after $20 copay
Specialist Office Visit	100% after $15 copay **A referral is not required to visit a specialist**.	100% after $30 copay
Urgent Care	100% after $15 copay	100% after $30 copay
Maternity Visits	100% after $15 copay	100% after $30 copay
	Copay applies to 1st visit only Dependent children are eligible for maternity/obstetrical benefits.	
Allergy Testing and Treatment	100% in office setting* 100% outpatient facility *Copay only applies to office visit if billed.	80% after deductible outpatient facility
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
Diagnostic Procedures		
Laboratory	100% in office or LabCorp/Quest 100% in outpatient facility	100% in office or LabCorp/Quest 80% after deductible outpatient facility
X-ray/Radiology Services	100% in office 100% in outpatient facility	100% in office 80% after deductible outpatient facility
Many services require precertification for Aetna members, depending on the plan. The ordering physician should request precertification by calling Aetna at **1-888-632-3862** (TTY: 711), or online through Aetna's provider portal.		
Hospital Care		
Inpatient Admission	$150 copay per admission (does not apply to maternity, mental health/substance abuse or hospice)	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Dept. Services	100% after $15 copay	80% after deductible

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Emergency Care		
Emergency Room	100% after $100 facility copay (copay waived if admitted) Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100%	100%
Outpatient Surgery		
Hospital Outpatient Surgery	$150 copayment	80% after deductible
Surgery in an Ambulatory SurgiCenter	$150 copayment	80% after deductible
Mental Health Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after $15 copay	80% after deductible
Office setting	100% after $15 copay	100% after $30 copay
Substance Abuse Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after $15 copay	80% after deductible
Office setting	100% after $15 copay	100% after $30 copay
Alcohol Abuse Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after $15 copay	80% after deductible
Office setting	100% after $15 copay	100% after $30 copay
Other Services		
Bariatric Surgery	100%	80% after deductible
Diabetic Education	100% after office copayment	100% after office copayment
Diabetic Supplies	100%	80% after deductible
Durable Medical Equipment	100%	80% after deductible
Orthotics and Prosthetics	100% after $5 copay	100% after $20 copay
Physical Rehabilitation Facility Inpatient Services	$150 per admission	80% after deductible
Home Health Care	100% after $5 copay	100% after $5 copay
Hospice Care	100%	100%
Infertility	100% after $15 copay office visit 100% after $15 copay outpatient facility	100% after $30 copay office visit 80% after deductible in outpatient facility
Private Duty Nursing	100% Limited to 30 visits per benefit period (8-hour shifts)	80% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $5 copay 100% after $5 copay in outpatient facility	100% after $20 copay 80% after deductible in outpatient facility
	30 visit maximum per therapy, per benefit period	
Skilled Nursing Facility/Extended Care Center	$150 per admission Limited to 100 days per benefit period	80% after deductible Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after $15 copay 25 visit maximum per benefit period	100% after $30 copay
Adult Vision	100% after $15 copay	100% after $30 copay
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to $150	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to $150
Telemedicine Services	100% after $5 copay	100% after $5 copay
Prescription Drugs	Covered under freestanding prescription program	

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Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.
Pre-Existing Conditions	Not Applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, refer to our website at www.aetna.com.

Please note that the benefit highlights are provided for informational purposes. Aetna makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Aetna generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Aetna will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

EXPRESS SCRIPTS®

Aetna Whole Health Plan OMNIA $5/$15
Prescription Drug Program
Cherry Hill Township

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs
Three Tier Copayment Plan: **Retail:** Up to a 90 day supply (1 retail copay applies per 30-day supply)	$7	$16	$35
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	$0	$40	$88
Front End Deductible: Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.	Not Applicable		
Benefit Period Maximum	$1,820/$3,640		
Plan includes:	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives Anti-Obesity Drugs Lifestyle Drugs		
Mandatory Generic:	Member pays the higher copayment plus the difference between the cost of the brand drug and the generic drug for multi-source brand name drugs.		
Specialty Pharmacy Program:	Certain specialty pharmaceuticals must be obtained from Accredo Specialty Pharmacy who handles complex, rare, and chronic health conditions. Patients receive 24/7 access to specialty pharmacists, nurses, and clinicians through condition-specific Therapeutic Resource Centers. Support is available for complex diagnoses including cancer, multiple sclerosis, hemophilia, hepatitis C, cystic fibrosis, and rare endocrine or inflammatory disorders. Medications are shipped directly to your home or doctor's office with free temperature-controlled packaging for items requiring refrigeration.		
Exclusions:	Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum		

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For more information about your prescription drug plan, please refer to our website at www.express-scripts.com under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your identification card.