Aetna Choice POS II $20/$20
Cherry Hill Township

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	$200
Family	None	$500
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	$800	$5,000
Family	$2,000	$12,500
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 $20 copay A primary care physician is a general or family practitioner, internist, or pediatrician	70% after deductible
Specialist Office Visit	100% after $20 copay **A referral is not required to visit a specialist**.	70% after deductible
Maternity Visits	100% after $20 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	70% after deductible
Allergy Testing and Treatment	100%	70% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	70% (no deductible)
Well Child Exams	100%	70% (no deductible)
Well Child Immunizations and Lead Screening	100%	70% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or in a Preferred Lab 100% in Outpatient facility	70% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	70% after deductible
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 (including maternity)	100%	70% after deductible and $500 copay
Pre-admission Testing	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible
Outpatient Dept. Services	100%	70% after deductible

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Emergency Care		
Emergency Room	100% after $100 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	70% after deductible
Outpatient Surgery		
Hospital Outpatient Surgery	100%	70% after deductible
Surgery in an Ambulatory SurgiCenter	100%	70% after deductible and $200 copay
Services performed at a non-participating ambulatory surgery center are reimbursed at Aetna's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	100%	70% after deductible and $500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after $20 copay	70% after deductible
Substance Abuse Services		
Inpatient	100%	70% after deductible and $500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after $20 copay	70% after deductible
Alcohol Abuse Services		
Inpatient	100%	70% after deductible and $500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after $20 copay	70% after deductible
Other Services		
Acupuncture	100%	70% after deductible
Bariatric Surgery	100%	70% after deductible
Diabetic Education	100% after office copay	70% after deductible
Diabetic Supplies	90%	70% after deductible
Durable Medical Equipment	90%	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100% after office copay Limited to 4 egg retrievals per lifetime	70% after deductible
Nutritional Counseling	100% after $20 copay Limited to 3 visits per benefit period	70% after deductible
Orthotics and Prosthetics	100% after $20 copay	70% after deductible
Private Duty Nursing	90% Unlimited	70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $20 copay	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days The overall maximum per benefit period is 120 days combined in and out of network.	70% after deductible up to 60 days
Therapeutic Manipulation (Chiropractic Care)	100% after office copay 30 visit maximum per benefit period	70% after deductible
Vision - Routine Eye Exam	100% after $20 copay	Not Covered
Vision Hardware	Not Covered	
Telemedicine	100% after $15 copay	Not Covered
Prescription Drugs	Covered under a freestanding Rx 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.
Pre-Existing Conditions	Not Applicable
Grandfathered	Not Applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, refer to our website at www.aetna.com.

You can save money when you choose to receive care from providers that participate in the Aetna networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Aetna's allowable reimbursement for that particular service and this may result in significant out-of-pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Aetna network providers, you keep your health care costs down.

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.

Aetna RX $10/$20/$35
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)	$10	$20	$35
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	$20	$40	$70
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 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:	Anti-Obesity Drugs 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.