



Jesuit Health Trust
 Effective Date: 01-01-2024
 Open Choice® PPO
 Open Choice® PPO – ASC Active Plan

**PLAN DESIGN & BENEFITS
 ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Benefit limitations - Some service or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on January 1 (unless otherwise noted). Refer to your plan documents to learn more.		
Deductible (per calendar year)	None Individual None Family	None Individual None Family
You must first meet the deductible before the plan begins paying benefits, unless otherwise noted.		
Lifetime maximum Unlimited except where otherwise indicated.		
Payment for out-of-network care**	Does not apply	Professional: Prevailing Charges Facility: Facility Charge Review
Primary care physician selection	Encouraged	Does not apply
Precertification requirements - Certification for hospital admissions, treatment facility admissions, convalescent facility admissions, home health care, hospice care and private duty nursing must be obtained by the facility.		
Referral requirement	Not required	None
Telehealth consultations - You can access covered services for telehealth visits from different kinds of providers in your plan. Log on to Aetna.com to see a list of telehealth providers. You'll also find more about your options, including cost share amounts.		
PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Routine adult physical exams/ immunizations	Covered 100%	Covered 100% of R & C*
Routine digital rectal exam For members age 40 and over	Covered 100%	Covered 100% of R & C*
Prostate-specific antigen test For members age 40 and over	Covered 100%	Covered 100% of R & C*
Colorectal cancer screening For members age 45 and over	Covered 100%	Covered 100% of R & C*
Routine eye exams 1 routine exam per 12 months (Eye glasses /Contact Lenses are not a covered benefit)	Covered 100%	Covered 100% of R & C*
Routine hearing screening	Covered 100%	Covered 100% of R & C*
PHYSICIAN SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office visits to non-specialist Includes services of an internist, general physician, family practitioner or pediatrician.	Covered 100%	Covered 100% of R & C*
Telehealth consultation with non-specialist	Covered 100%	Covered 100% of R & C*
Specialist office visits	Covered 100%	Covered 100% of R & C*
Telehealth consultation with specialist	Covered 100%	Covered 100% of R & C*
Hearing exams 1 routine exam per 12 months.	Covered 100%	Covered 100% of R & C*
Walk-in clinics	Covered 100% Designated Walk-in clinics Covered 100%	Covered 100% of R & C*

Walk-in clinics are free-standing health care facilities. Sometimes they may be within a pharmacy, drug store, supermarket, or other retail store. They offer some limited medical care and services.

Not walk-in clinics: Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.



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Telehealth consultations for non-emergency services through a walk-in clinic	Your cost sharing amount depends on the type of service and where you receive it. Designated Walk-in clinics Covered 100%	Covered 100% of R & C*
We pay telehealth screenings and counseling services from a walk-in-clinic as a preventive care benefit.		
Allergy testing	Covered 100%	Covered 100% of R & C*
Allergy injections	Covered 100%	Covered 100% of R & C*
DIAGNOSTIC PROCEDURES	IN-NETWORK	OUT-OF-NETWORK
Diagnostic X-ray (Other than complex imaging services)	Covered 100%	Covered 100% of R & C*
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.		
Diagnostic laboratory	Covered 100%	Covered 100% of R & C*
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.		
Diagnostic complex imaging	Covered 100%	Covered 100% of R & C*
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.		
EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent care provider	Covered 100%	Covered 100% of R & C*
Non-urgent use of urgent care provider	Covered 100%	Covered 100% of R & C*
Emergency room	Covered 100%	Same as in-network care
Non-emergency care in an emergency room	Covered 100%	Covered 100% of R & C*
Emergency use of ambulance	Covered 100%	Same as in-network care
Non-emergency use of ambulance	Covered 100%	Covered 100% of R & C*
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient coverage	Covered 100%	Covered 100% of R & C*
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.		
Outpatient hospital	Covered 100%	Covered 100% of R & C*
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.		
Outpatient surgery - hospital	Covered 100%	Covered 100% of R & C*
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.		
Outpatient surgery - freestanding facility	Covered 100%	Covered 100% of R & C*
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.		
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	Covered 100%	Covered 100% of R & C*
Combined Lifetime Maximum of \$100,000 for all services (including inpatient and outpatient mental health and alcohol/drug abuse services combined).		
Mental health office visits	Covered 100%	Covered 100% of R & C*
Combined Lifetime Maximum of \$100,000 for all services (including inpatient and outpatient mental health and alcohol/drug abuse services combined).		
Mental health telehealth consultations	Covered 100%	Covered 100% of R & C*
Combined Lifetime Maximum of \$100,000 for all services (including inpatient and outpatient mental health and alcohol/drug abuse services combined).		
Other mental health services	Covered 100%	Covered 100% of R & C*



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SUBSTANCE ABUSE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Combined Lifetime Maximum of \$100,000 for all services (including inpatient and outpatient mental health and alcohol/drug abuse services combined).	Covered 100%	Covered 100% of R & C*
Residential treatment facility	Covered 100%	Covered 100% of R & C*
Substance abuse office visits Combined Lifetime Maximum of \$100,000 for all services (including inpatient and outpatient mental health and alcohol/drug abuse services combined).	Covered 100%	Covered 100% of R & C*
Substance abuse telehealth consultations Combined Lifetime Maximum of \$100,000 for all services (including inpatient and outpatient mental health and alcohol/drug abuse services combined).	Covered 100%	Covered 100% of R & C*
Other substance abuse services	Covered 100%	Covered 100% of R & C*
THERAPY SERVICES	IN-NETWORK	OUT-OF-NETWORK
Spinal manipulation therapy Limited to 45 visits per year	Covered 100%	Covered 100% of R & C*
Outpatient short-term rehabilitation Includes physical, occupational, and speech therapies.	Covered 100%	Covered 100% of R & C*
Habilitative physical therapy	Covered 100%	Covered 100% of R & C*
Habilitative occupational therapy	Covered 100%	Covered 100% of R & C*
Habilitative speech therapy	Covered 100%	Covered 100% of R & C*
Autism related physical therapy	Covered 100%	Covered 100% of R & C*
Autism related occupational therapy	Covered 100%	Covered 100% of R & C*
Autism related speech therapy	Covered 100%	Covered 100% of R & C*
Autism related behavioral therapy These benefits are combined with outpatient mental health visits	Covered 100%	Covered 100% of R & C*
Autism related applied behavior analysis Your benefits for these services are the same as any other outpatient mental health other services benefit	Covered 100%	Covered 100% of R & C*
OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Skilled nursing facility Limited to 120 days per year When you're admitted into a facility for the care you need, your cost sharing amount counts toward all covered benefits you receive.	Covered 100%	Covered 100% of R & C*
Home health care Limited to 100 visits per year Private duty nursing not included. Limited to three visits per day by staff from a home health care agency. One visit equals a period of four hours or less.	Covered 100%	Covered 100% of R & C*
Hospice care - inpatient When you're admitted into a facility for the care you need, your cost sharing amount counts toward all covered benefits you receive.	Covered 100%	Covered 100% of R & C*
Hospice care - outpatient When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	Covered 100%	Covered 100% of R & C*
Private duty nursing Limited to 70 eight hour shifts per year. We count each period of up to 8 hours as one private duty nursing shift.	Covered 100%	Covered 100% of R & C*



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Durable medical equipment	Covered 100%	Covered 100% of R & C*
Orthotics	Covered 100%	Covered 100% of R & C*
Hearing aids 1 benefit maximum per ear for hearing aid every 5 years; including repair.	Covered 50%	50% of R & C*
Diabetic supplies -- (if not covered under the prescription drug benefit)	Covered same as any other medical expense. You pay your prescription drug cost sharing amount if you have prescription drug coverage. If not, you pay your PCP visit cost sharing amount.	Covered same as any other medical expense. You pay your prescription drug cost sharing amount if you have prescription drug coverage. If not, you pay your PCP visit cost sharing amount.
Infusion therapy - home/office	Covered 100%	Covered 100% of R & C*
Infusion therapy - outpatient hospital/freestanding facility	Your cost sharing amount depends on the type of service and where you receive it.	Your cost sharing amount depends on the type of service and where you receive it.
Gene-based, Cellular, and other Innovative Therapies (GCIT™)	Your cost sharing amount depends on the type of service and where you receive it. \$50 copay In-network coverage is provided at GCIT™ designated facilities only.	Not Covered
Transplants (Lifetime Maximum of \$750,000)	Covered 100% In-network coverage is only available at Institutes of Excellence (IOE) contracted facility.	Covered 100% of R & C* Out-of-network coverage applies when you use a non-IOE facility. You will pay more out of pocket when using a non-IOE facility.
Bariatric surgery	Covered 100%	Covered 100% of R & C*
Acupuncture	Covered 100%	Covered 100% of R & C*
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy plan type	Aetna Standard Plan opt out	
Prescription drug out-of-pocket limit	Prescription drug expenses apply to your medical out-of-pocket limit.	
Generic drugs	Retail Covered 100% Mail order Covered 100%	Covered 100% Not Applicable
Brand-name drugs	Retail Covered 100% Mail order Covered 100%	Covered 100% Not Applicable
Pharmacy day supply and requirements	Retail You can get up to a 30-day supply from Aetna National Network Percentage copays will not be doubled Mail order You can get a 31-90-day supply from CVS Caremark® Mail Service Pharmacy. Specialty You can get up to a 30-day supply of specialty drugs Aetna Specialty Performance Network Drug List	



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Your prescription drug plan also includes:

- Diabetic supplies and blood glucose monitors
- Prescription weight loss drugs

The following are covered 100% in-network:

- Seasonal vaccinations
- Preventive vaccinations
- Travel vaccinations
- Affordable Care Act (ACA) eligible preventive medications

Refer to **Aetna.com** for a complete list of eligible prescription drugs.

Precertification requirements

Some covered prescription drugs need approval from us before we will cover the drug.

To get the most up-to-date precertification requirements, see your plan documents or go online to your member website.

Choose generics with dispense as written (DAW) override - Sometimes your physician may say you need a brand-name prescription drug even if a generic is available. If so, you will pay the brand-name copay. If you ask for a brand-name prescription drug when a generic is available, you will pay the applicable brand-name copay plus the difference between the generic price and the brand-name price.

GENERAL PROVISIONS

Dependents who are eligible to be on your plan Spouse, children from birth to age 26. Student status of children does not matter.

**We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much we pay for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, we limit the amount it will pay. This limit is called the "recognized" or "allowed" amount.

This amount is based on the out-of-network plan you or your employer picks.

- For doctors and other professionals the amount is based on the "prevailing" charges. We get this data from an external database.

- For hospitals and other facilities, the amount is based on the Facility Fee Schedule.



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Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes." Your doctor may bill you for the dollar amount that we don't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit our website.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Navigator member site.

This applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network. You pay cost sharing and deductibles for your in-network level of benefits. Contact us if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in-network. You pay your plan's copayments and deductibles for your in-network level of benefits. Contact us if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments and deductibles.

Plans are provided by: Aetna Health Inc. 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.

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. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.



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The following is a 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 your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- 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.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- 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.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

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

Translation of this material into another language may be available. Please call Member Services at the number on the back of your ID card.

Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862**.

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

For more information about Aetna plans, refer to **www.aetna.com**.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.