



**HMO West
Pennsylvania Employees Benefit Trust Fund
Benefit Highlights
Active Eligible Members**

Benefit Provision	HMO Network Providers
DEDUCTIBLE (Per Calendar Year)	None
OUT-OF-POCKET MAXIMUM (includes costs for medical, mental health and substance abuse benefits and prescription drug costs)	\$6,850 single / \$13,700 family
PREVENTIVE CARE	
▪ See the PEBTF Summary Plan Description for a list of preventive benefits*	Covered in full
MATERNITY SERVICES	
▪ Office visits	Covered in full including first prenatal visit
▪ Hospital and newborn care	Covered in full
PHYSICIAN VISITS	
▪ Office visits (family practice, general practice, internal medicine and pediatrics)	\$15 copayment per office visit (\$20 copayment after hours if the physician chooses to charge an after hours copayment)
▪ Specialist office visits (<u>referrals required</u>)	\$25 copayment per office visit
▪ Lab tests, X-rays, inpatient visits, surgery and anesthesia	Covered in full
OUTPATIENT THERAPIES	
▪ Outpatient physical & occupational therapy ▪ Speech therapy (due to a medical diagnosis or for the diagnosis of Autism Spectrum Disorder, not for developmental) ▪ Cardiac rehabilitation ▪ Pulmonary rehabilitation ▪ Respiratory therapy ▪ Manipulation therapy (restorative, chiropractic medically-necessary visits; not for maintenance of a condition)	\$15 copayment per visit Combined maximum of 60 visits per year for all outpatient therapies

*For a list of PEBTF Preventive Care Services and Immunizations, visit www.pebtf.org.

Referrals required



HMO West
Pennsylvania Employees Benefit Trust Fund
Benefit Highlights
Active Eligible Members

Benefit Provision	HMO Network Providers
OTHER PROVIDER SERVICES	
<ul style="list-style-type: none">▪ Radiation therapy, chemotherapy, kidney dialysis▪ Home Health Care (60 visits in 90 days)▪ Hospice▪ Skilled Nursing Facility (180 days per year)	Covered in full
OUTPATIENT HOSPITAL FACILITIES	
<ul style="list-style-type: none">▪ Professional fees & facility services, including: lab, X-rays, preadmission tests, radiation therapy, chemotherapy, kidney dialysis, anesthesia & surgery▪ Outpatient Diabetic Education	Covered in full
INPATIENT HOSPITAL SERVICES	
<ul style="list-style-type: none">▪ Professional fees & facility services including: room & board & other covered services (precertification is required for most services)	Covered in full (365 days per benefit period)
EMERGENCY CARE	
<ul style="list-style-type: none">• Emergency treatment for accident or medical emergency	\$50 copayment (waived if the visit leads to an inpatient admission to the hospital)
<ul style="list-style-type: none">• Ambulance services for emergency care	Covered in full
DURABLE MEDICAL EQUIPMENT	
Rental or purchase of durable medical equipment, supplies, prosthetics & orthotics. The plan follows Medicare guidelines for the coverage of DME, prosthetics, orthotics and supplies	Not covered by the medical plan; covered by DMEnson Benefit Management, in accordance with the PEBTF DME policy unless dispensed and billed by a physician's office, emergency room, home health care agency, home infusion provider, skilled nursing facility or Hospice and/or participating freestanding dialysis facility
LIFETIME MAXIMUM BENEFIT	Unlimited



Preauthorization List

Under the Aetna HMO plan, preauthorization is required for certain types of care. Preauthorization is a review of certain doctor-recommended inpatient admissions and other services. This review is done before the care is provided. Its purpose is to ensure that the care is necessary and appropriate for the medical condition or problem involved.

Your primary care physician (PCP) or network specialist will contact Aetna on your behalf to preauthorize your care, when required.

Preauthorization is required for the following types of care:

Inpatient Stays and Hospital Alternatives

- Inpatient hospital admissions
- Mental Health and Substance Abuse Treatments (This would be authorized through Optum, formerly UBH)
- Home health care
- Hospice care
- Convalescent care
- Skilled nursing care

Medical procedures and treatments

- Allergy immunotherapy
- Bunionectomy
- Carpal tunnel surgery
- Colonoscopy
- Computerized Axial Tomography (CAT) scan, spine
- Coronary angiography
- Hemorrhoidectomy
- Knee arthroscopy
- Laparoscopy, pelvic
- Magnetic Resonance Imaging (MRI), knee or spine
- Septorhinoplasty
- Tympanostomy tube
- Upper GI endoscopy

Notice of Preauthorization:

Once Aetna has certified your care, you will receive a written notice. This is valid for 60 days from the date you receive it. If your procedure doesn't take place within this time, your PCP will need to obtain further certification.



About the Aetna HMO Plan

The Aetna HMO Plan ***requires you to select a Primary Care Physician (PCP).***

When you need routine or basic care, your PCP should be your first stop. He or she can help you find the right specialist when you need one, or you can use the network specialist of your choice — and there are many to choose from. If you need care from another doctor, your PCP will give you a referral. With more than 561,000 physicians and 5,300 hospitals in our network today, we have one of the largest, fully integrated networks in the country.

See if your doctor is in the Aetna network.

Search our DocFind® directory for a specific doctor or specialist, or for all network providers in a given geographical area. To use DocFind:

- Visit **www.aetna.com**.
- Click the "Find a Doctor" link on the middle of the home page.
- Once in DocFind, fill in the information requested.
- Choose a Provider Category (such as Medical Providers).
- Choose a Provider Type (such as primary care physicians).
- Under plan, select HMO.

You can then narrow your search by specialty, name and other criteria, or search for all network providers in your geographic area.

No claim forms are necessary.

When you visit a network doctor, you pay a flat fee (copayment) for covered services. There's no need to complete a claim form — your doctor will submit the claim for you.



Member Advantages and Services

As an Aetna member, you have access to services and programs that offer the latest health-related information, online conveniences — and much more.

Find it online – www.aetna.com

Your secure Aetna Navigator® website provides information and self-service convenience to help you manage your health — and your health benefits. Register once and then log on anytime to review benefits information, link to a customized DocFind site, and use cost-of-care tools to compare average costs for medical procedures, tests and other services. You can also link to the award-winning Aetna IntelliHealth® health and wellness website, and even email Member Services — all from your Navigator home page.

Member Services – 1-800-991-9222

When you need help or information, Aetna Member Services is just a toll-free call away. Customer Service Representatives can help with:

- Information about network doctors, hospitals and other care providers
- Choosing or changing a PCP
- Requests for additional or replacement ID cards
- Answers to your questions about plan benefits and coverage

Contact Member Services:

- By telephone: Call Member Services at 1-800-991-9222, 8 a.m. to 6 p.m. Monday through Friday.
- By e-mail: Once you are enrolled and registered with Aetna Navigator, you may also e-mail Member Services from your Aetna Navigator home page.

Aetna SmartSourceSM

There's a world of health information available at **www.aetna.com**. The Aetna SmartSource search feature can help you find it. With a single search, SmartSource delivers everything related to your particular interest, medical condition(s) or health need based on where you live, your Aetna health plan and other variables.

You can use SmartSource once you are enrolled and registered with Aetna Navigator. Just log on to Aetna Navigator and look for the SmartSource link on your home page.



**HMO West
Pennsylvania Employees Benefit Trust Fund
Benefit Highlights
Active Eligible Members**

Informed Health® Line

Available 24 hours a day, 7 days a week, the Informed Health Line gives you a quick, simple way to get answers to health-related questions from a trained team of registered nurses. While only your doctor can diagnose, prescribe or give medical advice, Informed Health Line nurses can offer information on more than 5,000 health topics. Always consult your doctor first with questions or concerns about your health care needs.

Aetna Mobile

With Aetna Mobile Web, you can access **www.aetna.com** from any Web-enabled device to:

- Search for an in-network doctor, dentist or health care facility
- Log on to Aetna Navigator and . . .

View your ID card

Check on claims

View your Personal Health Record

Contact Aetna Member Services

See how it works. If you're already mobile, visit **www.aetna.com** from any Web-enabled phone to see Aetna mobile for yourself. If not, you can visit the site from your home or office computer to see a video clip of Aetna's mobile capabilities and view FAQ's.

This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call Member Services at 1-800-991-9222.

This material is for information only and is not an offer or invitation to contract. Health benefits 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 agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.