



PEBTF Custom HMO – Pennsylvania

Employees Benefit Trust Fund

Active Members

(Western, Central and Southeast PA Regions)

In Network Benefit Only

Network Providers (All care directed by Primary Care Physician)	
DEDUCTIBLE (per calendar year)	None
OUT-OF-POCKET MAXIMUM <i>Includes costs for medical, mental health and substance abuse benefits and prescription drug costs (cost difference between brand and generic does not apply).</i>	\$9,200 single \$18,400 family Includes deductibles, coinsurance, copayments and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits.
PREVENTIVE CARE	
<ul style="list-style-type: none">See the PEBTF Summary Plan Description (SPD) for a list of preventive benefits	Covered 100% If not available in-network, full cost shall be covered without any cost sharing
MATERNITY SERVICES	
<ul style="list-style-type: none">Office visits	Covered 100% including first prenatal visit
<ul style="list-style-type: none">Hospital and newborn care	Covered 100%
PHYSICIAN VISITS	
<ul style="list-style-type: none">Office visits (PCPs include family practice, general practice, internal medicine and pediatrics)	\$5 Copayment per office visit
<ul style="list-style-type: none">Specialist office visits	\$10 Copayment per office visit
<ul style="list-style-type: none">Diagnostic tests (lab tests, imaging, X-ray, MRI, etc.), inpatient visits, surgery and anesthesia	Covered 100%
OUTPATIENT THERAPIES	
<ul style="list-style-type: none">Outpatient physical & occupational therapySpeech therapy (due to a medical diagnosis or for the diagnosis of Autism Spectrum Disorders, not for developmental)Cardiac RehabilitationPulmonary RehabilitationRespiratory therapyManipulation therapy (restorative, chiropractic Medically Necessary visits; not for maintenance of a condition)	\$5 Copayment per visit Combined Maximum of 60 visits per year for all outpatient therapies (Therapy services are considered visits. If the same provider performs different types of therapies on the same date, to the same Member, it counts as one visit for each type of therapy performed.)
OTHER PROVIDER SERVICES	
<ul style="list-style-type: none">Radiation therapy, chemotherapy, kidney dialysisHome Health Care (60 visits in 90 days)Hospice (outpatient and inpatient); inpatient covered 365 days per benefit periodSkilled Nursing Facility (180 days per calendar year)	Covered 100%

Network Providers	
OUTPATIENT HOSPITAL SERVICES	
<ul style="list-style-type: none"> Professional fees & facility services, including: lab, X-rays, pre-admission tests, radiation therapy, chemotherapy, kidney dialysis, anesthesia & surgery 	Covered 100%
<ul style="list-style-type: none"> Outpatient Diabetic Education 	Covered 100%
INPATIENT HOSPITAL SERVICES	
<ul style="list-style-type: none"> Professional fees & facility services including: room & board & other Covered Services 	Covered 100% (365 days per calendar year)
EMERGENCY CARE	
<ul style="list-style-type: none"> Urgent care 	\$50 Copayment
<ul style="list-style-type: none"> Emergency treatment for accident or medical emergency 	\$150 emergency room 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 100%
DURABLE MEDICAL EQUIPMENT	
<ul style="list-style-type: none"> Rental or purchase of durable medical equipment, supplies, prosthetics & orthotics, in accordance with the medical plan's DME policy 	Covered 100%
LIFETIME MAXIMUM BENEFIT	Unlimited

NOTE: All benefits are limited to Covered Services that are determined by the HMO to be Medically Necessary.

This chart is intended as an easy-to-read summary. Benefits, limitations, and exclusions are provided in accordance with the PEBTF Summary Plan Description.

Preauthorization List

Under the PEBTF Custom 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:

- All non-emergency inpatient admissions, including acute care, long-term acute care, skilled nursing facilities, and rehabilitation hospitals. Emergency admissions require notification within 48 hours.
- Air ambulance transports.
- Any reconstructive surgery for the treatment of a medical disease, injury, accident or congenital anomaly.
- Home Health Care – a treatment plan must be submitted for review.
- Home Infusion Therapy – requires preauthorization.
- Transplant evaluation and services – preauthorization will include referral assistance by the National Medical Excellence program to the Institutes of Excellence for Transplant network, if appropriate.

- Non-emergency high technology radiology services, including without limitation magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT) scanning, position emission tomography (PET) scanning, and cardiac nuclear imaging.

A team to help you manage your health

PEBTF Custom HMO plan

A whole new way of looking at health care

Imagine your doctors all working together, all on the same page. Not having to repeat a test you took last week. Or how about a nurse calling to check on your health *when you're not even sick?*

With your PEBTF Custom HMO plan, **you're at the center.**

You get a special network of doctors, specialists and hospitals — all putting their heads together to do what's best for you. And make your care make sense.

Better health, better care, better cost

That's what the PEBTF Custom HMO plan is all about. It's a member-centered approach that may differ from care you had before. You are the center of a care team that:

- Works to keep you healthy or improve your health, not just treat you when you're sick or injured
- Coordinates your care through online records to see how other doctors are treating you, what medicines you're taking, your lab results, your health history and more
- Is up-to-date on medical guidelines and clinical information so they can spot problems early and tailor care plans for you
- Encourages you to play an active role in your health and health care decisions

Building your care team

You'll have a team of health care professionals looking out for you. Led by your primary care provider, your team may include other doctors, nurses, therapists and health care professionals. They'll work together to help keep you healthy or help you improve your health.

It's all about helping you get the right care at the right time ... that's right for you.

Your primary doctor leads the team

You choose your primary care doctor from our special PEBTF Custom HMO network. Think of your primary care doctor as the quarterback of your care team — keeping your care connected across other facilities and specialists.

Your primary doctor can:

- Make sense of various visits and tests
- Help you find programs that work for your needs
- Guide you on important health decisions
- See you for yearly wellness exams and screenings, not just when you're sick

It's easy to find a primary care doctor — just visit www.aetna.com/dse/custom/pebtf.

Everyone is on the same page

When you get care from doctors and hospitals in the PEBTF Custom HMO network, your health history is in one place. So your care team can be on the same page, too.

Your team can:

- Keep tabs on your prescriptions and lab results
- Spot issues, even before you make an appointment
- Build care plans personalized to you
- Help you cut down on unnecessary care and costs

Tools to manage your health and your money

To be an active and informed member of your care team, you need to be in the know. And we can help get you there.

Better manage your plan, your health and budget by registering for your secure Aetna® member website at myaetnawebsite.com.

Then, 24 hours a day, 7 days a week, you can:

- Search for doctors, hospitals, pharmacies and more in your network
- Get reminders for preventive screenings
- Shop for the best deals on tests and procedures
- Review your claims and pay your bills

The right tools to help you find network doctors and more

It's easy to find a network doctor

Use our online directory. You can find doctors by name, specialty or location. You'll also find maps, directions and more. You can even look for doctors who speak your language. Check it out at www.aetna.com/dse/custom/pebtf.

Our secure member website is a one-stop shop

Sign up for our members-only website to get tools and tips to help you manage your health and your benefits. You'll find all your plan information and cost-saving tools in one place. Members can register at myaetnawebsite.com.

Your secure Aetna member 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 Provider Search site, and use cost-of-care** tools to compare average costs for medical procedures, tests and other services. You can even email Member Services — all from your Aetna member website home page.

We're just a phone call away

Member Services – 1-800-991-9222, 8 a.m. to 6 p.m. Monday through Friday

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

- Enrollment, and changes to benefit elections as a result of a qualified family status change

- 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

Additional tools and services at your finger tips:

24-Hour Nurse Line

Talk to a registered nurse anytime. With the 24-Hour Nurse Line, you can speak to a registered nurse about health issues whenever you need to.¹ The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the doctor's office. That can be a money-saver. Plus, you'll be able to make smarter health decisions. You'll have reliable information you can trust — and it's only a phone call or click away. Just call 1-800-556-1555 (TTY: 711) *** or go to **Aetna.com** to log in.

Our app helps when you're on the go

Sometimes, you need benefits or health info when you're out and about. Our app is available at no cost.

The Aetna HealthSM app puts our most popular online features at your fingertips. Text "AETNA" to 90156 to receive a download link. Message and data rate may apply.*

With the Aetna Health app:

- Search for an in-network doctor or health care facility
- Just download the app and . . .
 - View your ID card
 - Check on claims
 - View your Personal Health Record
 - Access Teladoc® virtual medical visits or
 - Contact Aetna Member Services

** Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

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¹ While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on a variety of health topics

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information and are not a substitute for diagnosis or treatment by a physician or other health care professional. 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 care services. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. However, Aetna Whole Health providers that aren't part of the integrated network may not coordinate your care, and the data may not be shared in the manner described. IPA arrangements do not currently exist in Missouri. 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 **Aetna.com**.

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