PEBTF Custom HMO – Pennsylvania Employees Benefit Trust Fund
Active Members
(Western, Central and Southeast PA Regions)
In Network Benefit Only

<table>
<thead>
<tr>
<th>DEDUCTIBLE (per calendar year)</th>
<th>Network Providers (All care directed by Primary Care Physician)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**OUT-OF-POCKET MAXIMUM**

Includes costs for medical, mental health and substance abuse benefits and prescription drug costs (cost difference between brand and generic does not apply).

- $7,150 single
- $14,300 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**
- See the PEBTF SPD for a list of preventive benefits
  - Covered 100%

**MATERNITY SERVICES**
- Office visits
  - Covered 100% including first prenatal visit
- Hospital and newborn care
  - Covered 100%

**PHYSICIAN VISITS**
- Office visits (PCPs include family practice, general practice, internal medicine and pediatrics)
  - $5 Copayment per office visit
- Specialist office visits
  - $10 Copayment per office visit
- Lab tests, X-rays, inpatient visits, surgery and anesthesia
  - Covered 100%

**OUTPATIENT THERAPIES**
- Outpatient physical & occupational therapy
  - $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.)
- Speech therapy (due to a medical diagnosis or for the diagnosis of Autism Spectrum Disorders, not for developmental)
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Respiratory therapy
- Manipulation therapy (restorative, chiropractic Medically Necessary visits; not for maintenance of a condition)

**OTHER PROVIDER SERVICES**
- Radiation therapy, chemotherapy, kidney dialysis
  - Covered 100%
- Home Health Care (60 visits in 90 days)
- Hospice
- Skilled Nursing Facility (180 days per calendar year)
### Network Providers

<table>
<thead>
<tr>
<th>Network Providers</th>
<th>Covered 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT HOSPITAL SERVICES</strong></td>
<td>Covered 100%</td>
</tr>
<tr>
<td>• Professional fees &amp; facility services, including lab, X-rays, pre-admission tests, radiation therapy, chemotherapy, kidney dialysis, anesthesia &amp; surgery</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>• Outpatient Diabetic Education</td>
<td>Covered 100%</td>
</tr>
<tr>
<td><strong>INPATIENT HOSPITAL SERVICES</strong></td>
<td>Covered 100% (365 days per calendar year)</td>
</tr>
<tr>
<td>• Professional fees &amp; facility services including: room &amp; board &amp; other Covered Services</td>
<td>Covered 100% (365 days per calendar year)</td>
</tr>
<tr>
<td><strong>EMERGENCY CARE</strong></td>
<td></td>
</tr>
<tr>
<td>• Urgent care</td>
<td>$50 Copayment</td>
</tr>
<tr>
<td>• Emergency treatment for accident or medical emergency</td>
<td>$150 emergency room Copayment (waived if the visit leads to an inpatient admission to the hospital)</td>
</tr>
<tr>
<td>• Ambulance services for emergency care</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>DURABLE MEDICAL EQUIPMENT</strong></td>
<td>Not covered by the medical plan; covered by DMension 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</td>
</tr>
<tr>
<td><strong>LIFETIME MAXIMUM BENEFIT</strong></td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

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

**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.
- Non-emergency air and ground 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 and preauthorization following the first two (2) Home Health Care visits.
- Home Infusion Therapy – requires preauthorization after the second day of service.
- Transplant evaluation and services – preauthorization will include referral assistance to the Blue Quality Centers 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/docfind.
**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 member website at [www.aetna.com](http://www.aetna.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](http://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 [www.aetna.com](http://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 even email Member Services — all from your Navigator 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:**

**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.

**Our apps help when you’re on the go**

Sometimes, you need benefits or health info when you’re out and about. Our mobile apps are available for most mobile devices – and they’re free.

The Aetna Mobile app puts our most popular online features at your fingertips. It’s available at [www.aetna.com/mobile](http://www.aetna.com/mobile).

With Aetna Mobile app:

- Search for an in-network doctor, dentist or health care facility
- Log on to Aetna Navigator via the mobile app and . . .
  - View your ID card
  - Check on claims
  - View your Personal Health Record or
  - Contact Aetna Member Services

**Estimated costs not available in all markets.** The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate but before the claim for this service is submitted. Or, if the doctor or facility performs a different service at the time of your visit.

Rates and benefits vary by location. 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. Health information programs provide general health 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](http://www.aetna.com).