

Open Access Aetna SelectSM (EPO) Summary of Benefits

IN-NETWORK COVERAGE ONLY

Deductible	
✓ Single	\$0
✓ Family	\$0
Coinsurance Limit	
✓ Single	N/A
✓ Family	N/A
Lifetime Maximum Benefit	Unlimited
Primary Care Physician Visits	
✓ Office Visits	\$15 copay
Specialty Care	
✓ Office Visits	\$25 copay
✓ Diagnostic Lab and X-rays	No copay
✓ Physical, Occupational, Speech Therapy	\$25 copay
Preventive Care	
✓ Routine Physicals	\$15 copay
✓ Mammogram	No copay
✓ Routine Eye Exam (any licensed vision care provider)	Aetna pays up to \$45; member responsible for balance
✓ Routine Ob/Gyn Exam	\$15 copay
✓ Well-Baby Care	
■ 0–2 years — 8 visits	\$15 copay
■ 2–19 years — 1 visit/year	\$15 copay
Outpatient Surgery	No copay
Hospitalization	No copay
Emergency Treatment	
✓ Emergency Hospital Charges	\$50 copay (waived if admitted)
✓ Emergency Physician Services	\$50 copay (waived if admitted)
✓ Urgent Care Centers	\$20 copay
Maternity	
First Ob/Gyn Visit & Hospital	
✓ 1 st ob/gyn visit	\$25 copay
✓ Hospital/Global Maternity Charge	No copay
Mental Health and Substance Abuse	
✓ Inpatient	100% up to 365 days
✓ Outpatient	\$15 copay
Chiropractic Care	No copay
Acupuncture for Chronic Pain	No copay
Durable Medical Equipment	No copay
Diabetic Supplies	No copay

*A penalty applies for non-emergency use of emergency hospital services.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.