



The Aetna Open Access Elect Choice (EPO) Plan lets you visit any doctor in the Aetna EPO network. You do not have to choose a primary care physician (PCP) and there are no referrals necessary to visit any Aetna EPO provider you choose.

At a Glance	
Plan Type	EPO
Geographic Service Area	National
Does this plan use a network of providers?	Yes. Visit the Web site www.Aetna.com or call 1-800-445-8742 for a list of participating providers.
Do I need a referral to see a specialist?	No
Contact Information	1-800-445-8742 (Representatives are available Monday through Friday, 8:00 a.m. to 6:00 p.m.)
Web Site	www.Aetna.com

Plan Features	Cost
What is the overall deductible for this plan?	<ul style="list-style-type: none"> • \$0
What are the costs when you visit a health care provider’s office or clinic?	<ul style="list-style-type: none"> • Primary care visit to treat an injury or illness: \$15 co-pay/visit • Specialist visit: \$20 co-pay/visit • Other practitioner office visit Chiropractor: \$20 co-pay/visit • Preventive care/screening/immunization: No charge
What are the costs if you have a test?	Diagnostic test (x-ray, blood work): <ul style="list-style-type: none"> • Laboratory No charge • X-Ray:\$20 co-pay • Imaging (CT/PET scans, MRIs): \$20 co-pay
What are the costs if you have outpatient surgery?	Facility fee (e.g., ambulatory surgery center): \$75 co-pay/visit Not covered for non-participating provider Physician/surgeon fees: No charge Not covered for non-participating provider
What are the costs if you need immediate medical attention?	Emergency room services: \$75 co-pay/visit \$75 co-pay to non-participating provider Emergency medical transportation: No charge No charge for non-participating provider
What are the costs if you have a hospital stay?	Facility fee (e.g., hospital room): \$300 per continuous stay Not covered for non-participating provider Physician/surgeon fee: No charge Not covered for non-participating provider
What are the costs if you are pregnant?	Prenatal and postnatal care: \$15 co-pay first visit only Delivery and all inpatient services: \$300 per continuous stay Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Prior approval required. Not covered for non-participating provider

WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost
Mental/Behavioral health Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay/visit • Not covered for non-participating provider
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> • \$300 co-pay per continuous stay • Not covered for non-participating provider
Substance abuse Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay/visit • Not covered for non-participating provider
Substance abuse Inpatient services	<ul style="list-style-type: none"> • \$300 per continuous stay • Not covered for non-participating provider

WHAT ARE THE COSTS IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS?

Service	Cost
Home health care	<ul style="list-style-type: none"> • No charge • Not covered for non-participating provider
Skilled nursing care	<ul style="list-style-type: none"> • \$300 co-pay per stay • Not covered for non-participating provider
Durable medical equipment (DME)	<ul style="list-style-type: none"> • No charge • Not covered for non-participating provider
Hospice service Inpatient	<ul style="list-style-type: none"> • \$300 co-pay continuous stay • Not covered for non-participating provider
Hospice service Outpatient	<ul style="list-style-type: none"> • No charge • Not covered for non-participating provider

OPTIONAL RIDER

WHAT IS THE COST IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION?

	Retail	Mail Order
Generic drugs	\$10 co-pay/30 day supply	\$20 copay/90 day supply
Preferred brand drugs	30% coinsurance/30 day supply	30% coinsurance/90 day supply
Non-preferred brand drugs	50% coinsurance/30 day supply	50% coinsurance/90 day supply
Specialty drugs*	Generic drugs	\$10 co-pay/30 day supply
	Preferred brand drugs	30% coinsurance /30 day supply
	Non-preferred brand drugs	50% coinsurance/30 day supply

Covers up to 30-day supply (retail prescription); 31-90 day supply (mail order prescription). Includes contraceptive drugs and devices obtainable from a pharmacy. No charge for formulary generic FDA-approved Women’s contraceptives in-network. Precertification required. Step therapy required.

*Aetna Specialty CareRx-First Prescription must be filled at a participating retail pharmacy or Aetna Specialty Pharmacy. Subsequent fills must be through Aetna Specialty Pharmacy.

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.