LYON COUNTY SCHOOL DISTRICT

Supplemental Information

Coverage for: Individual + Family | Plan Type: POS

Hov	w is the overall <u>deductible</u> or	Individual <u>deductible</u> and	The family deductible and family out-of-pocket limit are cumulative for all family
out-	<u>-of-pocket limit</u> met?	out-of-pocket limit	members. The family <u>deductible</u> and <u>out-of-pocket limit</u> can be met by a combination
		payments apply to the	of family members; however no single individual within the family will be subject to
		family deductible and	more than the individual <u>deductible</u> or <u>out-of-pocket limit</u> amount.
		out-of-pocket limit.	

How your out-of-network care is reimbursed:

We cover the cost of services based on whether doctors are "in-network" or "out-of-network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

You may choose a **provider** (doctor or hospital) in our **network**. You may choose to visit an out-of-network **provider**. If you choose a doctor who is out-of-network, your Aetna health **plan** may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.

Professional Services: 105% of Medicare

Facility Services: 140% of Medicare

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna <u>plan</u> "recognizes." Your doctor may bill you for the dollar amount that your <u>plan</u> doesn't "recognize." You must also pay any <u>copayments</u>, <u>coinsurance</u> and <u>deductibles</u> under your <u>plan</u>. No dollar amount above the "recognized charge" counts toward your <u>deductible</u> or <u>out-of-pocket limit</u>. To learn more about how we pay out-of-network benefits, visit <u>Aetna.com</u>. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's <u>network</u> of health care <u>providers</u>. Go to <u>Aetna.com</u> and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna member site.

This applies when you *choose* to get care out-of-network. When you have no choice (for example: emergency room visit after a car accident or for other **emergency services**), we will pay the bill as if you got care in-network. You pay cost sharing and **deductibles** for your in-network level of benefits. Contact Aetna if your health care **provider** asks you to pay more. You are not responsible for any outstanding **balance billed** by your **providers** for **emergency services** beyond your cost sharing and **deductibles**.

Other important information about your plan:

This **plan** does not cover all health care expenses and includes exclusions and limitations. Members should refer to their **plan** documents to determine which

Questions: Call the toll free number on your ID card (1-800-370-4526 for prospective members), TDD 1-800-628-3323 (hearing impaired only), 08160 or visit us at HealthReformPlanSBC.com

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health care services are covered and to what extent.

Additional information regarding your **plan** is available in the Disclosure Document on Aetna.com.

Information includes:

- "Knowing what is covered" which describes how we review a request for coverage for a service or supply
- "<u>Prescription drug</u> benefit" which describes procedures we use to manage <u>prescription drug</u> benefits. These procedures include how to obtain a list of covered drugs and the exception policy for receiving coverage of a drug that is not on a closed formulary

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

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. You may be responsible for the health care **provider's** full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the **plan**. **Providers** are independent contractors and are not agents of Aetna. **Provider** participation may change without notice. We do not provide care or guarantee access to health services.

The following is a partial list of services and supplies that are generally not covered. However, your **plan** documents may contain exceptions to this list based on state mandates or the **plan** design or rider(s) purchased by you or your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your **plan** documents
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for **medically necessary** routine patient care costs for members participating in a cancer clinical trial with respect to the treatment of cancer or other life-threatening disease or condition
- Home births
- Immunizations for travel or work except where <u>medically necessary</u> or indicated
- Implantable drugs and certain injectable drugs including injectable infertility drugs

- Long-term rehabilitation therapy
- Non-medically necessary services or supplies
- Orthotics except diabetic orthotics
- Outpatient **prescription drugs** (except for treatment of diabetes), unless covered by a prescription **plan** rider and over-the-counter medications (except as provided in a hospital) and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling or **prescription drugs**
- Therapy or rehabilitation other than those listed as covered

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In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

We consider your personal information to be private. We have policies and procedures in place to protect your personal information from unlawful use and disclosure. For a summary of our policy, go to <u>Aetna.com</u>. You'll find the Privacy Notices link at the bottom of the page.

<u>**Plan</u>** features and availability may vary by location and group size.</u>

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