Bronze Plan (Open Choice PPO)
Pennsylvania Employees Benefit Trust Fund

Benefit Highlights – Active Employees

	Network Providers	Non-Network Providers**
DEDUCTIBLE (Per Calendar Year) Includes costs for medical, mental health and substance abuse benefits and prescription drug costs.	$9,450 single $18,900 family	$9,554 single $19,108 family
MAXIMUM OUT-OF-POCKET When the out-of-pocket maximum is reached, benefits are paid at 100% of the allowable amount until the end of the benefit period.) Out of Pocket Maximum includes costs for medical, mental health and substance abuse benefits and prescription drug costs. Includes deductibles, coinsurance, copayments and any other expenditure required of an individual, which is a qualified medical expense for the essential health benefits. Excludes balance-billing amounts for non-network providers and other out-of-network cost sharing.	$9,450 single $18,900 family	$12,600 single $25,200 family
PREVENTIVE CARE		
▪ Preventive care services *	Covered in full – not subject to annual deductible	70% plan allowance after deductible; 100% plan allowance after OOP MAX If not available in-network, full cost shall be covered without any cost sharing
MATERNITY SERVICES		
▪ Office visits	100% for the first prenatal visit; 100% plan allowance after deductible and OOP MAX for subsequent maternity charges including hospitalization and delivery charges	70% plan allowance after deductible; 100% plan allowance after OOP MAX
▪ Hospital and newborn care	100% plan allowance after deductible and OOP MAX	70% plan allowance after deductible; 100% plan allowance after OOP MAX

aetna®

Bronze Plan (Open Choice PPO)
Pennsylvania Employees Benefit Trust Fund

Benefit Highlights – Active Employees

	Network Providers	Non-Network Providers**
PHYSICIAN VISITS		
▪ Office visits (family practice, general practice, internal medicine and pediatrics) ▪ Specialist office visits ▪ Lab tests, x-rays, inpatient visits, surgery and anesthesia	100% plan allowance after deductible and OOP MAX	70% plan allowance after deductible; 100% plan allowance after OOP MAX
OUTPATIENT THERAPIES		
▪ Outpatient physical & occupational therapy ▪ Speech therapy (due to a medical diagnosis or for the diagnosis of Autism Spectrum Disorder, not for developmental) ▪ Cardiac rehabilitation (18 visits per year) ▪ Pulmonary rehabilitation (12 visits per year) ▪ Respiratory therapy ▪ Manipulation therapy (restorative, chiropractic – 6 Medically Necessary visits then Treatment Plan submitted; not for maintenance of a condition)	100% plan allowance after deductible and OOP MAX	70% plan allowance after deductible; 100% plan allowance after OOP MAX
OTHER PROVIDER SERVICES		
▪ Radiation therapy, chemotherapy, kidney dialysis (not covered at a Non-Network freestanding dialysis center) ▪ Home Health Care (treatment plan required after 2 visits) ▪ Hospice ▪ Outpatient Private Duty Nursing (240 hours per year/8 hours per day) ▪ Skilled Nursing Facility (240 days per calendar year)	100% plan allowance after deductible and OOP MAX	70% plan allowance after deductible; 100% plan allowance after OOP MAX
OUTPATIENT HOSPITAL FACILITIES		
▪ Professional fees & facility services, including: lab, x-rays, pre-admission tests, radiation therapy, chemotherapy, kidney dialysis (not covered if provided in a Non-Network freestanding dialysis center – is covered at a Non-Network rate if it is a Non-Network hospital), anesthesia & surgery	100% plan allowance after deductible and OOP MAX	70% plan allowance after deductible; 100% plan allowance after OOP MAX
▪ Outpatient Diabetic Education	100% plan allowance after deductible and OOP MAX	Not covered

Bronze Plan (Open Choice PPO)
Pennsylvania Employees Benefit Trust Fund

Benefit Highlights – Active Employees

	Network Providers	Non-Network Providers**
INPATIENT HOSPITAL SERVICES		
▪ Professional fees & facility services including: room & board & other Covered Services (precertification is required for most services)	100% plan allowance after deductible and OOP MAX Limit: 365 days per calendar year	70% plan allowance after deductible; 100% plan allowance after OOP MAX Limit: 70 days per calendar year
EMERGENCY CARE		
▪ Emergency treatment for accident or medical emergency	100% plan allowance after deductible and OOP MAX	100% plan allowance after deductible and OOP MAX
▪ Ambulance services for emergency care	100% plan allowance after deductible and OOP MAX	70% plan allowance after deductible; 100% plan allowance after OOP MAX
INVISIBLE PROVIDERS AT A NETWORK FACILITY		
▪ Includes radiologists, anesthesiologists, pathologists and emergency room physicians operating in a Network facility	100% plan allowance after deductible and OOP MAX	
DURABLE MEDICAL EQUIPMENT		
Rental or purchase of durable medical equipment, supplies, prosthetics & orthotics, in accordance with the medical plan's DME policy	100% plan allowance after deductible and OOP MAX	70% plan allowance after deductible; 100% plan allowance after OOP MAX
LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited

*For a list of PEBTF Preventive Care Services and Immunizations, visit www.pebtf.org.

**Participating providers agree to accept the Bronze plan allowance as payment in full, often less than their normal charge. If you visit a non-participating provider, you are responsible for paying the deductible, coinsurance and the difference between the provider's charges and the plan allowance.

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

Pre-certification List

Under the PEBTF Bronze plan (Open Choice PPO), pre-certification is required for certain types of care. Pre-certification 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.

Services that require pre-certification, regardless of whether they are performed as inpatient or outpatient:

- 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.
- Outpatient rehabilitation therapies including physical therapy, occupational therapy, speech therapy, respiratory therapy and manipulation therapy. The completion of a treatment plan is required for outpatient rehabilitation therapies to be covered beyond the initial six (6) visits.
- Home Health Care – a treatment plan must be submitted for review.
- Home Infusion Therapy – requires pre-certification.
- 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 health insurance plan built for the way you live

About the Aetna Open Choice Bronze Plan

The Aetna Open Choice Bronze Plan has no *Primary Care Physician* (PCP) requirement; however, choosing a PCP to help manage your care is encouraged.

When you need routine or basic care, your PCP should be your first stop. He or she can help you find the right specialist when you need one, or you can use the network specialist of your choice without the need of a referral — and there are many to choose from. We have one of the largest, fully integrated networks in the country.

No claim forms are necessary.

When you visit a network doctor, you pay a flat fee (copayment) for covered services. There's no need to complete a claim form — your doctor will submit the claim for you.

Bronze Plan (Open Choice PPO)
Pennsylvania Employees Benefit Trust Fund

Benefit Highlights – Active Employees

This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call Member Services at 1-800-991-9222.

The right tools to help you find network doctors and more

It's easy to find a network doctor

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

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.

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 for the Aetna® member website 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:

- 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

Benefit Highlights – Active Employees

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.* 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 for at no cost.

The Aetna Health℠ 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.

*Terms and Conditions: aet.na/Terms Privacy Policy: aetna.com/legal-notices/privacy.html By texting 90156, you consent to receive a one-time marketing automated text message from Aetna® with a link to download the Aetna HealthSM app. Consent is not required to download the app. You can also download by going to the Apple® App Store® or Google Play.

Teladoc® is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. Visit Teladoc.com/Aetna for a complete description of the limitations of Teladoc services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.