

Aetna Patriot HMO

Group: Associated Students of SDSU
Summary of Benefits and Schedule of Copayments
Plan: Patriot X-X with \$10/15/30 Rx for California

Benefits	Member Copayments
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Financial Responsibility	
Deductible: Single / Family	None / None
Copayment Maximum: Single / Family	\$1,500 / \$3,000
Lifetime Maximum Benefit	No Limit
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Primary Care Physician Services	
Regular Office Hour Visits	\$10 copay
After Hours / Home Visits	\$15 copay
Preventive Care	
Routine Eye Exam	\$10 copay
<i>Must obtain eye care services through Cole "Vision One" network providers only</i>	
Routine Physicals	\$10 copay
Routine Child & Well Baby Care; Immunizations	\$10 copay
Routine Mammography	\$10 copay
Routine GYN Care	\$10 copay
Specialty Care	
Regular Office Visits	\$10 copay
Diagnostic Outpatient Testing	\$10 copay
Physical, Occupational and/or Speech Therapy	\$10 copay
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Hospitalization and Skilled Nursing Facility Care	
Inpatient Hospital Services; unlimited days	No copay
Outpatient Surgery	No copay
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Maternity	
OB Visits; copay at initial visit only	\$10 copay
Inpatient Hospital Services	No copay
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Emergency / Urgent Care	
Emergency Room Coverage; copay waived if admitted	\$35 copay
Urgent Care Facility; if certified by a Primary Care Physician	\$35 copay
Local Ambulance Services; when medically necessary	No copay

Non-emergency use of the hospital emergency room is not covered.

Benefits	Copayments
Durable Medical Equipment Including oxygen equipment, manual wheelchairs, crutches, glucometers, etc.	No copay
Home Health Care / Outpatient Hospice Services of a licensed Home Health Care Agency	No copay
Hospice Care - Inpatient Services of a licensed Hospice Care Facility	No copay
Family Planning / Reproductive Services Voluntary Sterilization Procedures Voluntary Termination of Pregnancy Basic Infertility Program; testing and diagnosis only .	Copay determined by location and type of service provided
Prescription Drugs – Open Formulary (Option 9) Participating pharmacy up to a 30 day supply with generic formulary drugs at lowest copay, brand formulary drugs at a middle copay, and generic or brand non-formulary drugs at the highest copay. Mail Order Drugs; covers maintenance drugs only limited to a 31-90 day supply Includes oral contraceptives and diabetic supplies as a covered benefit	\$10 generic \$15 brand name \$30 non-formulary \$20 generic \$30 brand name \$60 non-formulary
Mental Health – Serious Mental Illness Inpatient treatment Outpatient short-term counseling	No copay \$10 each visit
Mental Health – Non-Serious Mental Illness Inpatient treatment, up to 30 days per calendar year Outpatient short-term counseling, up to 20 visits per calendar year	No copay \$25 each visit
Substance Abuse Inpatient Detoxification for alcohol or drug abuse Inpatient Rehabilitation, up to 30 days per calendar year Outpatient Rehabilitation, up to 20 visits per calendar year	No copay No copay \$10 each visit

Exclusions and Limitations

In case of any conflict between the Group Agreement, Evidence of Coverage and this summary, the Group Agreement and Evidence of Coverage will govern. The participating physicians and hospitals in our networks are independent contractors and are neither employees nor agents of Aetna. Aetna does not provide health care services directly, and therefore, cannot guarantee any medical results or outcomes. All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of your Group Agreement and Evidence of Coverage. All covered services, plans and benefits are subject to and governed by applicable contracts, policies, government legislation, regulations, and policies. The information herein is believed accurate as of the date of submission and is subject to change without notice.