
- Some service or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on January 1 (unless otherwise noted). Refer to your plan documents to learn more.

(per calendar year)	\$1,500 per Individual	\$4,500 per Individual
	\$3,750 per Family	\$11,250 per Family

Covered expenses in-network add up towards your in-network deductible. Covered expenses out-of-network add up towards your out-of-network deductible.

You must first meet the deductible before the plan begins paying benefits, unless otherwise noted.

The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription drug costs do not count toward the deductible. Refer to your plan documents for details.

Your family will have one deductible. You will meet it when the expenses of several family members add up to the family deductible. No one person will have to pay more than the individual deductible.

You pay 20%	You pay 40%
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Applies to all expenses except as noted.

(per calendar year)	\$4,000 per Individual	\$10,500 per Individual
	\$10,000 per Family	\$25,500 per Family

Covered expenses in-network add up towards your in-network out-of-pocket limit. Covered expenses out-of-network add up towards your out-of-network out-of-pocket limit.

Some of your cost sharing may not count toward the out-of-pocket limit.

Does not apply

Professional: Prevailing Charges



YESHIVA UNIVERSITY
Effective Date: 01



	Not Covered	Not Covered
	20%; after deductible	Not Covered
-- (if not covered under the prescription drug benefit)	Covered same as any other medical expense.	Covered same as any other medical expense.



\$7.50 copay \$15 copay	Not Covered Not Applicable
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20% up to \$60 maximum 20% up to \$120 maximum	Not Covered Not Applicable
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40% up to \$120 maximum 40% up to \$240 maximum	Not Covered Not Applicable
--	-------------------------------

30%	Not Covered
30%	Not Covered

You can get up to a 30-day supply from Aetna National Network
 Percentage copays will not be doubled
 Maintenance drugs are prescriptions commonly used to treat conditions that require regular, daily use of medicines.
 If you take a maintenance drug, you can get two retail fills.
 Then you must fill a 31-90-day supply of the maintenance drug at CVS Caremark® Mail Service Pharmacy or a CVS Pharmacy®.
 If you do not, you will need to pay 100% of the drug cost.
 You must notify us if you want to continue to fill the medicine at a network retail pharmacy. Just call the number on the member ID card.
 You can get up to a 30-day supply of specialty drugs
 You must fill all specialty drugs through our preferred specialty pharmacy network.
 Aetna Specialty Performance Network Drug List

‡ 'LDEHWLF VXSSOLHV DQG EORRG JOXFRVH PRQLWRUV
 ‡ 3UHVFULSWLRQ ZHLJKW ORVV GUXJV

‡Sexual dysfunction drugs, including daily dose, additional 8 tablets a month for erectile dysfunction





**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 we pay 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 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, we limit the amount it will pay. This limit is called the "recognized" or "allowed" amount.

This amount is based on the out-of-network plan you or your employer picks.

‡)RU GRFWRUV DQG RWKHU SURIHVVLRQDOV WKH DPRXQW LV EDVHG I
external database.

‡)RU KRVSLLWDOV DQG RWKHU IDFLOLLWLHV WKH DPRXQW LV EDVHG R

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes." Your doctor may bill you for the dollar amount that we don't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit our website.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Navigator 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 us if your 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.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in-network. You pay your plan's copayments and deductibles for your in-network level of benefits. Contact us if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments and deductibles.

Plans are provided by: Aetna Health Inc. 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. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.



The following is a list of services and supplies that are *generally* not covered. However, your plan documents may