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**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage for:** Individual + Family | **Plan Type:** EPO

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For more information about your coverage, or to get a copy of the complete terms of coverage, [plan.HealthReformPlanSBC.com](http://plan.HealthReformPlanSBC.com) or by calling 1-800-370-4526



	<u>Emergency room care</u>	\$500 <u>copay/visit</u> , <u>deductible</u> doesn't apply	\$500 <u>copay/visit</u> , <u>deductible</u> doesn't apply	\$500 <u>copay/visit</u> , <u>deductible</u> doesn't apply	No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	\$60 <u>copay/visit</u> , <u>deductible</u> doesn't apply	Not covered	No coverage for non-urgent use.
	Facility fee (e.g., hospital room)	10% <u>coinsurance</u> after \$500 <u>copay/stay</u>	30% <u>coinsurance</u> after \$500 <u>copay/stay</u>	Not covered	None
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Not covered	None
	Outpatient services	Office & other outpatient services: \$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	Office & other outpatient services: \$60 <u>copay/visit</u> , <u>deductible</u> doesn't apply	Not covered	None
	Inpatient services	10% <u>coinsurance</u> after \$500 <u>copay/stay</u>	30% <u>coinsurance</u> after \$500 <u>copay/stay</u>	Not covered	None
	Office visits	No charge	No charge	Not covered	







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Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-800-370-4526.

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Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-800-370-4526.

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To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

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If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, yo

Arabic -

1-800-370-4526

Armenian -



အကယ်၍ ဤစာရွက်စာတမ်းကို ဖတ်ရှုသူသည် မိမိ၏ အဖွဲ့အစည်းအတွက် အသုံးပြုပါက အကျိုးရှိစေပါမည်။

ကို ခေါ်ဆိုပါ။









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AUSTIN INDEPENDENT SCHOOL DISTRICT: Aetna Open  
Access® Aetna Select<sup>SM</sup> - Seton Only Plan

## Summary of Benefits

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## Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

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