



Aetna Select Medical Plan

Schedule of Benefits

Prepared exclusively for:

Employer: Austin Independent School District

Contract number: MSA-737540

Schedule of Benefits 4B

Plan effective date: January 1, 2018

Plan issue date: April 25, 2019

These benefits are not insured with Aetna but will be paid from the Employer's funds. Aetna will provide certain administrative services under the Aetna medical benefits plan.

Schedule of benefits

This schedule of benefits lists the deductibles and copayments/payment percentage, if any, that apply to the

Plan features	Deductible/Maximums
	In-network coverage*
Deductible	

*See **How to read your schedule of benefits** at the beginning of this schedule of benefits

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Preventive screening and counseling services	
Office visits	100% per visit
x Obesity and/or healthy diet counseling	No deductible applies
x Misuse of alcohol and/or drugs	
x Use of tobacco products	
x Sexually transmitted infection counseling	
x Genetic risk counseling for breast and ovarian cancer	

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<p>Routine cancer screenings</p> <p>~ %o %o o] • Á Z š Z Œ %o Œ (} Œ u š %o Z Ç •]] v [• U W</p>	
Routine cancer screenings	<p>100% per visit</p> <p>No deductible applies</p>
Maximums	<p>Subject to any age, family history, and frequency guidelines as set forth in the most current:</p> <ul style="list-style-type: none"> • Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force; and • The comprehensive guidelines supported by the Health Resources and Services Administration. <p>For details, contact your physician or Member Services by logging onto your Aetna Navigator® secure member website at www.aetna.com or calling the number on your ID card.</p>
Lung cancer screening maximums	1 screening every 12 months*
<p>Important note:</p> <p>Any lung cancer screenings that exceed the lung cancer screening maximum above are covered under the Outpatient diagnostic testing section.</p>	
<p>Prenatal care</p> <p>Prenatal care services (provided by an obstetrician (OB), gynecologist (GYN), and/or OB/GYN)</p>	
Preventive care services only	<p>100% per visit</p> <p>No deductible applies</p>
<p>Important note:</p> <p>You should review the Maternity and related newborn care sections. They will give you more information on coverage levels for maternity care under this plan.</p>	

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Eligible health services	In-network coverage*
Physicians and other health professionals	
Physicians and specialists office visits (non-surgical)	
Physician services	
Office hours visits (non-surgical) non preventive care	\$35 then the plan pays 100% (of the balance of the negotiated charge) per visit thereafter No deductible applies
Allergy injections	
Performed at a % Z Ç •] , PÇRÇr• specialist office when you do not see the physician	80% (of the negotiated charge) per visit
Immunizations that are not considered Preventive Care	
Immunizations when not part of the physical exam	Covered according to the type of benefit and the place where the service is received.
Specialist	
Specialist office visits	
Office hours visits (non-surgical)	\$50 then the plan pays 100% (of the balance of the negotiated charge) per visit thereafter No deductible applies

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Physician surgical services	
Physicians and specialists office visits	
Performed at a % Z Ç •] , P]CRV office	\$35 then the plan pays 100% (of the balance of the negotiated charge) per visit thereafter No deductible applies
Performed at a • %o] office [•	\$50 then the plan pays 100% (of the balance of the negotiated charge) per visit thereafter No deductible applies
Alternatives to physician office visits	
Walk-in clinic visits	
Walk-in clinic non-emergency visit (includes coverage for immunizations)	\$35 then the plan pays 100% (of the balance of the negotiated charge) per visit thereafter No deductible applies
	Subject to any age limits provided for in the comprehensive guidelines supported by Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. For details, contact your physician or Member Services by logging onto your Aetna Navigator® secure member website at www.aetna.com or calling the number on your ID card.

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Eligible health services	In-network coverage*
Hospital and other facility care	
Hospital care	
Inpatient hospital	
Alternatives to hospital stays	
Outpatient surgery and physician surgical services	
	80% (of the negotiated charge) per visit
Home health care	
Outpatient	100% (of the negotiated charge) per visit No deductible applies
Maximum visits per Calendar Year	60 visits Limited to: 1 intermittent visit per day provided by a participating home health care agency; 1 visit equals a period of 4 hours or less. Intermittent visits are considered periodic and recurring visits that skilled nurses make to ensure your proper care The intermittent requirement may be waived to allow coverage for up to 12 hours with a daily maximum of 3 visits. Services must be provided within 10 days of discharge
Hospice care	
Inpatient facility	\$500 then the plan pays 100% (of the balance of the negotiated charge) per admission No deductible applies

Maximum

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Skilled nursing facility		
Inpatient facility	\$500 then the plan pays 100% (of the balance of the negotiated charge) per admission No deductible applies	
Maximum days per Calendar Year	60	
Eligible health services		
	In-network coverage*	Out-of-network coverage*
Emergency services and urgent care		
Emergency services		
Hospital emergency room	\$500 then the plan pays 100% (of the balance of the negotiated charge) per visit No deductible applies.	Paid the same as in-network coverage
Non-emergency care in a hospital emergency room	Not covered	Not covered

Important Note:

- f** As out-of-network providers do not have a contract with us the provider may not accept payment of your cost share, (

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A separate urgent care copayment/payment percentage will apply for each visit to an urgent care provider.

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health treatment office
visits to a physician or
behavioral health
provider includes
telemedicine
consultation

Coverage is provided [
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<p>Inpatient residential treatment facility during a hospital confinement</p>	
<p>Coverage is provided [under the same terms, conditions as any other illness.</p>	

Substance related disorders treatment - outpatient: detoxification and rehabilitation

Outpatient substance abuse office visits to a physician or behavioral health provider includes telemedicine consultation \$50 then the plan pays 100% (of the balance of the

Coverage is provided [under the same terms, conditions as any other illness.

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Eligible health services	Network (IOE facility)	Network (Non-IOE facility)
Inpatient hospital transplant services	Transplant services facility and non-facility \$500 then the plan pays 80% (of the balance of the negotiated charge) per	

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*See

*See

	received
Vision care	
Routine vision care	
Routine vision exams (including refraction)	
Performed by a legally qualified ophthalmologist or optometrist	\$50 then the plan pays 100% (of the balance of the negotiated charge) per visit thereafter No deductible applies

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Risk reducing breast cancer prescription drugs	
Risk reducing breast cancer prescription drugs filled at a pharmacy	100% per prescription or refill No deductible applies
Maximums:	Coverage will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force. For details on the guidelines and the current list of covered preventive care drugs and supplements, contact Member Services by logging onto your Aetna secure member website at www.aetna.com or calling the number on your ID card.
Tobacco cessation prescription and over-the-counter drugs	
Tobacco cessation prescription drugs and OTC drugs filled at a pharmacy for each 90 day supply Maximums:	\$0 per prescription or refill No deductible applies Coverage is permitted for two 90-day treatment regimens only. Any additional treatment regimens will be subject to the cost sharing in your schedule of benefits below. Coverage will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force. For details on the guidelines and the current list of covered tobacco cessation prescription drugs

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applicable under this plan. They may apply to each stay or they may apply on a per day basis up to a per admission maximum amount.

The per admission copayment

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