Salesforce.com
Effective Date: 01-01-2019
Comprehensive Medical Plan

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	
Deductible	$500 Individual $1,500 Family

Unless otherwise indicated, the deductible must be met prior to benefits being payable.
Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible.
Pharmacy expenses do apply towards the Deductible.
The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.

Payment Limit	$2,500 Individual $4,500 Family

Certain member cost sharing elements may not apply toward the Payment Limit.
Pharmacy expenses apply towards the Payment Limit.
Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit.
The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.

Lifetime Maximum	Unlimited except where otherwise indicated.
Primary Care Physician Selection	Not Applicable
Certification Requirements -	Certification for certain types of care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, and Hospice Care is required - excluded amount applied separately to each type of expense is $400 per occurrence.
Referral Requirement	None
PREVENTIVE CARE	
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived

1 exam every 12 months for members age 18 and older.

Routine Well Child Exams/Immunizations	Covered 100%; deductible waived

7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter.

Routine Gynecological Care Exams	Covered 100%; deductible waived

1 exam and pap smear per calendar year, includes related fees.

Routine Mammograms	Covered 100%; deductible waived

One baseline mammogram from age 35 years to 40 years. And one routine mammogram per calendar year for covered females age 40 and over.

Women's Health	Covered 100%; deductible waived

Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling.
Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.

Routine Digital Rectal Exam	Covered 100%; deductible waived

No age or frequency limits.

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Prostate-specific Antigen Test No age or frequency limits.	Covered 100%; deductible waived
Colorectal Cancer Screening Recommended: For all members age 50 and over.	Covered under Routine Adult Exams
Routine Eye Exams	Not covered
Routine Hearing Screening Every 24 months	10%; after deductible
PHYSICIAN SERVICES	
Office Visits to non-Specialist Includes services of an internist, general physician, family practitioner or pediatrician.	10%; after deductible
Specialist Office Visits	10%; after deductible
Pre-Natal Maternity	Covered 100%; deductible waived
Walk-in Clinics	10%; after deductible
Allergy Testing	10%; after deductible
Allergy Injections	10%; after deductible
E-Visit (Teladoc)	$40 consult fee (Until deductible is met, then subject to coinsurance)
DIAGNOSTIC PROCEDURES	
Diagnostic X-ray (including Complex Imaging Services) If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	10%; after deductible
Diagnostic Laboratory If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	10%; after deductible
EMERGENCY MEDICAL CARE	
Urgent Care Provider	10%; after deductible
Emergency Room	10%; after deductible
Non-Emergency Care in an Emergency Room	50%; after deductible
Ambulance	10%; after deductible
HOSPITAL CARE	
Inpatient Coverage Your cost sharing applies to all covered benefits incurred during your inpatient stay.	10%; after deductible
Inpatient Maternity Coverage (includes delivery and postpartum care) Your cost sharing applies to all covered benefits incurred during your inpatient stay.	10%; after deductible
Outpatient Hospital Expenses Your cost sharing applies to all covered benefits incurred during your outpatient visit.	10%; after deductible
MENTAL HEALTH SERVICES	
Inpatient Your cost sharing applies to all covered benefits incurred during your inpatient stay.	10%; after deductible
Mental Health Office Visits Your cost sharing applies to all covered benefits incurred during your outpatient visit.	10%; after deductible
Other Mental Health Services	10%; after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Behavioral Health Telemedicine (Televideo only)	10%; after deductible
SUBSTANCE ABUSE	
Inpatient	10%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Residential Treatment Facility	10%; after deductible
Substance Abuse Office Visits	10%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Other Substance Abuse Services	10%; after deductible
OTHER SERVICES	
Skilled Nursing Facility	10%
Limited to 60 days per calendar year. Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Home Health Care	10%; after deductible
Limited to 120 visits per calendar year. Home health care services include private duty nursing-Limited to 180 visits per calendar year with prior authorization	
Hospice Care - Inpatient	10%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Hospice Care - Outpatient	10%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	
Autism Behavioral Therapy	10%; after deductible
Autism Applied Behavior Analysis	10%; after deductible
Autism Physical Therapy Unlimited	10%; after deductible
Autism Occupational Therapy Unlimited	10%; after deductible
Autism Speech Therapy Unlimited	10%; after deductible
Outpatient Short-Term Rehabilitation	10%; after deductible
Include Speech, Physical, and Occupational Therapy – limited to 60 visits each per calendar year. Medical necessity review not required. Unlimited visits for cerebral palsy and autism diagnosis. Diagnosis of Developmental Delay allowed for Speech Therapy subject to Speech Therapy maximum.	
Spinal Manipulation Therapy	10%; after deductible
Limited to 25 visits per calendar year. Medical necessity review not required.	
Acupuncture Therapy	10%; after deductible
Limited to 25 visits per calendar year. Medical necessity review not required.	
Hearing Aids (Limited to $5,000 per calendar year)	10%; after deductible
Durable Medical Equipment	Covered 100%; deductible waived
Women's Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	Covered 100%; deductible waived
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived
Transplants	10%; after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Bariatric Surgery	10%; after deductible
FAMILY PLANNING	
Infertility Treatment	Your cost sharing is based on the type of service and where it is performed
Diagnosis and treatment of the underlying medical condition only. Refer to Progyny document for additional infertility covered treatment	
Tubal Ligation	Covered 100%; deductible waived
Vasectomy	10%; after deductible
PHARMACY	
Pharmacy Plan	Pharmacy benefits are provided by CVS/Caremark. Please check separate pharmacy documents for benefit details.
GENERAL PROVISIONS	
Dependents Eligibility	Spouse/Partner, Children/Stepchildren/Legally adopted children from birth to age 26 regardless of student status. Incapacitated children age 26 or older.

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. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. 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 contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Custodial care.
- Dental care and dental X-rays.
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Non-medically necessary services or supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

Translation of the material into another language may be available. Please call Member Services at **1-888-982-3862.**

Puede estar disponible la traduccion de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862.**

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to **www.aetna.com.**

© 2014 Aetna Inc.