

# THE MITRE CORPORATION HMO

Effective Date: 01-01-2015

Aetna Select<sup>SM</sup> - ASC

(Note on the Aetna website, choose Aetna Select (SM)  
Open Access) under the Aetna Open Access plans)

Administered by AETNA LIFE INSURANCE COMPANY (Medical) and CVS Caremark (Prescription Drugs)

PLAN FEATURES	MEMBER COST
<b>Deductible</b> (per calendar year) Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.	None
<b>Member Coinsurance</b> Applies to all expenses unless otherwise stated.	Covered 100%
<b>Annual Out-of-Pocket Limit</b>	\$1,500 Employee \$3,000 Employee + 1 Dependent \$3,000 Family

Certain member cost sharing elements may not apply toward the Out-of-Pocket Limit. Only those preferred expenses resulting from the application of coinsurance percentage, deductibles, and medical copays (except any penalty amounts) may be used to satisfy the Out-of-Pocket Limit. Once Family Out-of-Pocket Limit is met all family members will be considered as having met their Out-of-Pocket Limit for the remainder of the calendar year.

<b>Primary Care Physician Selection</b>	Optional
<b>Referral Requirement</b>	None

PREVENTIVE CARE	MEMBER COST
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<b>Routine Adult Physical Exams/ Immunizations</b> 1 exam per calendar year months for members age 18 and older	Covered 100%, no copay
<b>Routine Well Child Exams/Immunizations</b> 7 exams in first 12 months of life, 3 exams in 13th-24th months; 3 exams in 25th to 36th months; 1 per year to age 18	Covered 100%, no copay
<b>Routine Gynecological Care Exams</b> 1 exam per calendar year. Includes routine tests and related lab fees	Covered 100%, no copay
<b>Routine Mammograms</b> One Baseline covered from age 35 to 40, then annual exam covered females age 40 and over.	Covered 100%, no copay
<b>Routine Digital Rectal Exam / Prostate-specific Antigen Test</b> For covered males age 40 and over. 1 per calendar year	Covered 100%, no copay
<b>Colorectal Cancer Screening</b> For all members age 50 and over. 1 exam every 10 years.	Covered 100%, no copay
<b>Routine Eye Exams</b> 1 routine exam per 24 consecutive months	Covered 100%, no copay
<b>Routine Hearing Exams</b> 1 Routine exam per 24 months Hearing Aids	Covered 100%, no copay

PHYSICIAN SERVICES	MEMBER COST
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<b>Office Visits to Primary Physician</b> Includes services of an internist, general physician, family practitioner or pediatrician.	\$20 copay per visit
<b>Specialist Office Visits</b>	\$30 copay per visit
<b>Allergy Testing Allergy</b>	\$30 copay per visit
<b>Injections DIAGNOSTIC</b>	Covered 100%

PROCEDURES	MEMBER COST
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<b>Diagnostic Laboratory and X-ray</b> 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	Covered 100%
<b>Complex Imaging Tests</b> (outpatient)	\$100 copay per procedure

EMERGENCY MEDICAL CARE	MEMBER COST
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<b>Urgent Care Provider</b> (benefit availability may vary by location)	\$50 copay per visit
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<b>Non-Urgent Use of Urgent Care Provider</b>	Not Covered
<b>Emergency Room</b>	\$150 copay per visit
<b>Non-Emergency care in an Emergency Room</b>	Not Covered
<b>Ambulance</b>	Covered 100%
<b>HOSPITAL CARE</b>	<b>MEMBER COST</b>
<b>Inpatient Coverage</b>	\$200 copay per confinement
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
<b>Inpatient Maternity Coverage</b>	\$200 copay per confinement
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
<b>Outpatient Surgery (hospital setting)</b>	\$100 copay per procedure
<b>Outpatient Hospital Expenses (excluding surgery)</b>	Covered 100%
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	
<b>MENTAL HEALTH SERVICES</b>	<b>MEMBER COST</b>
<b>Inpatient</b>	\$200 copay per confinement
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
<b>Outpatient</b>	\$20 copay per visit
<b>ALCOHOL/DRUG ABUSE SERVICES</b>	<b>MEMBER COST</b>
<b>Inpatient</b>	\$200 copay per confinement
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
<b>Outpatient</b>	\$20 copay per visit
<b>OTHER SERVICES</b>	<b>MEMBER COST</b>
<b>Skilled Nursing Facility</b>	\$200 copay per confinement
Limited to 120 days per calendar year.	
The member cost sharing applies to all covered benefits incurring during a member's inpatient stay	
<b>Home Health Care</b>	Covered 100%
Limited to 40 visits per calendar year.	
Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	
<b>Hospice Care - Inpatient</b>	\$200 copay per confinement
Limited to 30 days per lifetime.	
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
<b>Hospice Care - Outpatient</b>	Covered 100%
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	
<b>Outpatient Short-Term Rehabilitation</b>	\$30 copay per visit
Occupational and Physical Therapy limited to 40 visits per calendar year combined. Speech Therapy limited to 30 visits per calendar year.	
<b>Durable Medical Equipment</b>	Covered 100%
<b>Diabetic Supplies</b>	Covered same as any other medical expense.
<b>Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)</b>	Covered 100% (payable as any other covered expense)
<b>Transplants</b>	Coverage is provided at an IOE contracted facility only.
<b>Bariatric</b>	\$200 copay per confinement
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
<b>Mouth, Jaws and Teeth</b>	Member cost sharing is based on the type of service performed and the place of service where it is rendered
(oral surgery procedures, whether medical or dental in nature)	
<b>Acupuncture</b>	\$30 copay per visit
Limited to 30 visits per year.	

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<b>Spinal Manipulation Therapy</b> Limited to 30 visits per year	\$30 copay per visit
<b>FAMILY PLANNING (Lifetime maximum is \$40,000)</b>	
<b>Infertility Treatment</b> Diagnosis and treatment of the underlying medical condition.	<b>MEMBER COST</b> Member cost sharing is based on the type of service performed and the place of service where it is rendered
<b>Comprehensive Infertility Services</b> Coverage includes Artificial Insemination and Ovulation Induction.	Covered 100%
<b>Advanced Reproductive Technology (ART)</b> ART coverage includes: In vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI) or ovum microsurgery.	Covered 100%
<b>Voluntary Sterilization</b> Including tubal ligation and vasectomy.	Member cost sharing is based on the type of service performed and the place of service where it is rendered
<b>Prescription Drugs (administered by CVS Caremark)</b>	
<b>Retail - up to a 30 day supply</b>	Generic - \$5 copay Formulary brand - \$30 copay Non-Formulary brand - \$50 copay
<b>Maintenance Choice/Mail Order - up to a 90 day supply</b>	Generic - \$10 copay Formulary brand - \$60 copay Non-Formulary brand - \$100 copay
<b>GENERAL PROVISIONS</b>	
<b>Dependents Eligibility</b>	Spouse, qualified domestic partner, children from birth to age 26.
<b>Fitness Reimbursement</b>	\$150

## GENERAL EXCLUSIONS

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Nonmedically necessary services or supplies; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and 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.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the MITRE Health Plan documents to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

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Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary.

While this information is believed to be accurate as of the print date, it is subject to change.