

Aetna Elect Choice EPO

What You Need to Know

- You see participating private practice physicians who are located throughout Northern Virginia, Maryland, and the District of Columbia.
- You must choose a **primary care physician (PCP)** who coordinates your care and provides referrals to specialists as needed.
- Aetna **does not provide out-of-network benefits** with this plan.
- Aetna only is available in certain areas of the country. If your dependents live out of the area, contact the Office of Benefit Services for other Aetna networks that may be available to you.
- FCPS has contracted with **Express Scripts** to provide the prescription drug program for Aetna members.

Additional Services and Programs

- *Healthy Outlook* is a disease management program to help you control chronic conditions such as asthma, congestive heart failure, diabetes, and low back pain.
- Aetna sends screening reminders for cancer, high blood pressure, cholesterol control, and preventive reminders to members age 50 and older.
- Womens' programs include a *Mom-to-Babies* program for diabetic women and a premature labor case management program if you are at risk.
- *Voice Advantage* is a 24/7 interactive voice response system that provides personalized call routing and self-service options.
- Aetna provides an online hospital comparison tool to help you compare hospitals for specific medical procedures and conditions.
- Details about your coverage are available in the [Summary Plan Document](#).
- Aetna provides discounted vision care through **Vision One**.
- Visit www.aetna.com for more information and to find network providers.

When You Need Quick Answers for Basic Medical Services

Call Aetna Customer Service 1-888-592-3862 to:

- Request an identification card if you haven't received one or you need a replacement.
- Inquire about services and costs.
- Make a complaint or file an appeal.
- Ask questions to clarify your benefits.
- Obtain information about providers.

Plan Information

Annual Deductible (Individual/Family)	None
Office Visits—Primary Care and Specialist	\$15 copay
Inpatient Physician Services	Covered in full

Routine Exams & Immunizations	\$15 copay
Lab and X-ray	100% diagnostic X-ray centers and network labs
Emergency Care	\$35 copay (waived if admitted)
Infertility	Artificial insemination - Covers up to 6 courses of treatment; In-vitro - Not covered
Maternity Care	Covered in full after \$15 copay for first visit
Well Baby Care	\$15 copay per visit
Outpatient Surgical and Ambulatory Care	100%
Inpatient Hospital Admission	\$100 per admission copay, then 100%
Durable Medical Equipment	Covered in full (prostheses and orthotics)
Physical Therapy (Outpatient)	\$15 copay per visit for up to 90 days (physical, speech, and occupational)
Chiropractic Care	Not covered
Mental Health	Outpatient - No copay for visits 1-5; \$15 copay for visits 6-20; Inpatient - \$100 copay up to 30 days
Alcohol and Drug Abuse Rehabilitation	Outpatient - No copay for visits 1-5; \$15 copay for visits 6-60; detoxification, \$15 copay, no visit limit; Inpatient - \$100 copay up to 60 days; detoxification, \$100 copay, no day limit
Vision	\$15 copay (routine eye exam) at participating ophthalmologists and optometrists every 24 months; Vision One (1-800-793-8616) discounts for glasses and contacts Vision One
Prescriptions	Express Scripts Your copayment is 20% of the cost of the drug Retail Generic \$7 minimum (or cost of drug prior to coinsurance, if less) Brand \$15 minimum

	<p style="text-align: center;">Mail (90 days supply)</p> <p style="text-align: center;">Generic \$14 minimum (or cost of drug prior to coinsurance, if less) Brand \$30 minimum</p> <p style="text-align: center;">Out-of-pocket expenses: Individual, \$1,500 maximum; Family, \$3,000 combined maximum</p> <p style="text-align: center;">Out-of-pocket expenses do not include the ancillary amount or the additional charge (see the Express Scripts Generics Preferred and Home Delivery programs.)</p>
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