



**PLAN DESIGN & BENEFITS**  
**PROVIDED BY AETNA LIFE INSURANCE COMPANY**

**HEALTH SAVINGS ACCOUNT (HSA)**

Introducing Health Savings Accounts (HSA), a health insurance plan that gives you more control over how you spend, or save, your health care dollars. Its a medical benefits plan AND savings account, all in one. With a HSA, you get the protection of a medical and prescription drug benefits plan, PLUS you get a tax advantaged health savings account that you can use to help pay for qualified expenses. The accounts are tax-advantaged and interest bearing, giving you a choice of spending and savings. The University will contribute the stated amount below, and then you have the option of contributing, pre-tax, additional dollars, up to the amount of the applicable deductible. At the end of the year, money left in the account rolls over to the next year.

**HSA EMPLOYER CONTRIBUTION**                    **\$ 800 Single**  
**\$ 1,600 Family**

**DEDUCTIBLE (per calendar year)**                    **\$1,150 Single/\$2,300 Family**

**Maximum Out-of-Pocket (per calendar year)**    **\$2,000 Single/\$4,000 Family**  
 - Includes Deductible

| PREVENTIVE CARE - Deductible Waived  | TIER 1 BENEFITS<br>UNIVERSITY MEDICAL CENTER<br>SERVICES | TIER 2<br>AETNA IN-NETWORK     | TIER 3<br>OUT-OF-NETWORK       |
|--|--|--------------------------------|--------------------------------|
| <b>Routine Adult Physical Exams/Immunizations - 1 exam per 12 months</b>   | Covered 100%; deductible waived                          | Covered 80%; deductible waived | Covered 60%; deductible waived |
| <b>Routine Well Child Exams/Immunizations</b><br>7 exams in the first 12 months of life, 2 exams in the 13th-24th months of life; 1 exam per 12 months thereafter. | Covered 100%; deductible waived                          | Covered 80%; deductible waived | Covered 60%; deductible waived |
| <b>Routine Gynecological Care Exams</b><br>Includes Pap smear and related lab fees   | Covered 100%; deductible waived                          | Covered 80%; deductible waived | Covered 60%; deductible waived |
| <b>Routine Mammograms</b><br>For covered females age 40 and over.  | Covered 100%; deductible waived                          | Covered 80%; deductible waived | Covered 60%; deductible waived |
| <b>Colorectal Cancer Screening</b>   | Covered 100%; deductible waived                          | Covered 80%; deductible waived | Covered 60%; deductible waived |
| <b>Routine Digital Rectal Exam / Prostate-specific Antigen Test</b>  | Covered 100%; deductible waived                          | Covered 80%; deductible waived | Covered 60%; deductible waived |
| <b>Routine Eye Exam/Routine Hearing Exam</b><br>1 routine eye exam every 12 months and 1 routine hearing exam per 24 months.                                       | Covered 100%; deductible waived                          | Covered 80%; deductible waived | Covered 60%; deductible waived |

| PHYSICIAN AND DIAGNOSTIC SERVICES  | TIER 1 BENEFITS<br>UNIVERSITY MEDICAL CENTER<br>SERVICES | TIER 2<br>AETNA IN-NETWORK   | TIER 3<br>OUT-OF-NETWORK     |
|--|--|------------------------------|------------------------------|
| <b>Office Visits to Physician</b><br>Includes services of a primary care physician or specialist | Covered 100% after deductible                            | Covered 80% after deductible | Covered 60% after deductible |
| <b>Allergy Testing/Injections</b>  | Covered 100% after deductible                            | Covered 80% after deductible | Covered 60% after deductible |
| <b>Diagnostic Laboratory and X-ray</b>   | Covered 100% after deductible                            | Covered 80% after deductible | Covered 60% after deductible |

| EMERGENCY MEDICAL CARE   | TIER 1 BENEFITS<br>UNIVERSITY MEDICAL CENTER<br>SERVICES | TIER 2<br>AETNA IN-NETWORK   | TIER 3<br>OUT-OF-NETWORK   |
|--|--|------------------------------|--|
| <b>Urgent Care Provider</b><br>(benefit availability may vary by location) | Covered 100% after deductible                            | Covered 80% after deductible | Covered 60% after deductible                                       |
| <b>Non-Urgent Use of Urgent Care Provider</b>                              | Not Covered  | Not Covered                  | Not Covered  |
| <b>Emergency Room</b>  | Covered 100% after deductible                            | Covered 80% after deductible | Covered 80% after deductible                                       |
| <b>Non-Emergency care in an Emergency Room</b>                             | Not Covered  | Not Covered                  | Not Covered  |
| <b>Ambulance</b>   | Not Applicable   | Covered 80% after deductible | 80% Emergency after deductible; 60% Non-Emergency after deductible |

| HOSPITAL CARE  | TIER 1 BENEFITS<br>UNIVERSITY MEDICAL CENTER<br>SERVICES | TIER 2<br>AETNA IN-NETWORK   | TIER 3<br>OUT-OF-NETWORK     |
|--|--|------------------------------|------------------------------|
| <b>Inpatient Coverage</b>  | Covered 100% after deductible                            | Covered 80% after deductible | Covered 60% after deductible |
| <b>Inpatient Maternity Coverage</b>  | Not Applicable   | Covered 80% after deductible | Covered 60% after deductible |
| <b>Outpatient Hospital</b> (including surgery)<br>The member cost sharing applies to all covered benefits incurred during a member's outpatient visit. | Covered 100% after deductible                            | Covered 80% after deductible | Covered 60% after deductible |

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.



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| <b>MENTAL HEALTH SERVICES</b>  | <b>TIER 1 BENEFITS<br/>UNIVERSITY MEDICAL CENTER<br/>SERVICES</b> | <b>TIER 2<br/>AETNA IN-NETWORK</b> | <b>TIER 3<br/>OUT-OF-NETWORK</b> |
|--|---|------------------------------------|----------------------------------|
| <b>Inpatient</b><br>The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.   | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>Outpatient</b><br>The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.  | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>ALCOHOL/DRUG ABUSE SERVICES</b>   | <b>TIER 1 BENEFITS<br/>UNIVERSITY MEDICAL CENTER<br/>SERVICES</b> | <b>TIER 2<br/>AETNA IN-NETWORK</b> | <b>TIER 3<br/>OUT-OF-NETWORK</b> |
| <b>Inpatient</b><br>Limited to 30 days per calendar year<br>The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.   | Covered 50% after deductible                                      | Covered 50% after deductible       | Covered 50% after deductible     |
| <b>Outpatient</b><br>Limited to 30 visits per calendar year<br>The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit.<br>Limited to \$10,000 Calendar Year, \$25,000 Lifetime Max. | Covered 50% after deductible                                      | Covered 50% after deductible       | Covered 50% after deductible     |
| <b>OTHER COVERED SERVICES</b>  | <b>TIER 1 BENEFITS<br/>UNIVERSITY MEDICAL CENTER<br/>SERVICES</b> | <b>TIER 2<br/>AETNA IN-NETWORK</b> | <b>TIER 3<br/>OUT-OF-NETWORK</b> |
| <b>Convalescent Facility/Skilled Nursing</b><br>Limited to 120 days per calendar year.<br>Semi-private room rate   | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>Home Health Care</b><br>Limited to 120 visits per calendar year.  | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>Hospice Care - Inpatient/Outpatient</b>   | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>Private Duty Nursing - Outpatient</b> (Limited to 70 eight hour shifts per calendar year)<br>Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.                        | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>Outpatient Short-Term Rehabilitation</b><br>Includes Chiropractic Care, Speech, Physical, Occupational, and Spinal Manipulation Therapy, limited to \$1,500 per member per calendar year.                                     | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>Durable Medical Equipment</b><br>Limited to \$7,500 per calendar year   | Covered 100% after deductible                                     | Covered 80% after deductible       | Covered 60% after deductible     |
| <b>PHARMACY</b>  | <b>TIER 1 BENEFITS<br/>UNIVERSITY MEDICAL CENTER<br/>SERVICES</b> | <b>TIER 2<br/>AETNA IN-NETWORK</b> | <b>TIER 3<br/>OUT-OF-NETWORK</b> |

**When you fill prescriptions you will pay the cost of your prescriptions until the deductible has been met. Once the deductible is met you pay either the copay or coinsurance that is detailed below.**

|                                     |  |   |                |
|-------------------------------------|--|---|----------------|
| <b>30 Day Supply - \$5/20%/30%</b>  | After combined medical/Rx plan deductible, then \$5 copay for generic drugs, 20% copay for formulary brand-name drugs (\$80 Max), and 30% copay for non-formulary brand-name drugs up to a 30 day supply at University of Toledo Pharmacies.     | After combined medical/Rx plan deductible, then \$5 copay for generic drugs, 20% copay for formulary brand-name drugs (\$80 Max), and 30% copay for non-formulary brand-name drugs up to a 30 day supply at Aetna participating pharmacies. | Not Applicable |
| <b>90 Day Supply - \$10/20%/30%</b> | After combined medical/Rx plan deductible, then \$10 copay for generic drugs, 20% copay for formulary brand-name drugs (\$200 Max), and 30% copay for non-formulary brand-name drugs up to a 90 day supply from University of Toledo Pharmacies. | After combined medical/Rx plan deductible, then \$10 copay for generic drugs, 20% copay for formulary brand-name drugs (\$200 Max), and 30% copay for non-formulary brand-name drugs up to a 90 day supply from Aetna Rx Home Delivery®.    | Not Applicable |

**Preventive Medication Feature**

**The Preventive Medication Feature provides coverage for certain medications without first meeting your deductible.**