



# Medical Insurance

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# What is the Aetna Open Access HNO Plan?

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A Health Maintenance Organization (HMO) plan typically requires the selection of a Primary Care Physician (PCP) to act as your healthcare “gatekeeper”, referring you to specialists if necessary.

Under the Health Network Only (HNO) model, the member may choose to see any doctor within the network. No PCP selection is required, and you may self-refer to specialists.

The HNO plan offers rich, in-network benefits, however there is no out-of-network benefit.

Unless it is a true emergency, meaning a life-threatening situation, any services rendered by an out-of-network provider will not be covered under the plan in any capacity.



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# Postdoctoral Benefit Program

## Aetna HNO Medical Plan

Core Benefits	In-Network Postdoc Pays
Deductible (Individual / Family)	\$500 / \$1,000
Out of Pocket Maximums – Single/Family **	\$1,000 / \$2,000
Office Visit (Primary/ Specialist) (includes Telehealth)	\$15 / \$15 Copay
Women’s Preventive Health	No Copay
Preventative Care/ Routine Physical Exam	No Copay
Inpatient Hospital	No Copay*
Outpatient Surgery	No Copay*
Urgent Care	\$35 Copay
Walk-in Clinics	\$15 Copay
Emergency Room	\$100 Copay (waived if admitted)
Prescription Drugs (RX) (Generic/ Brand Name/Non-Preferred Generic/ Specialty Drugs)	\$10 / \$30 / \$60 / \$40

\* Subject to deductible

\*\* Includes deductible, copays and pharmacy

# What is the Aetna OAMC/POS Plan?

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The Aetna Open Access Managed Choice/Point Of Service (OAMC/POS) plan offers more flexibility and choice than the HNO plan due to the In-Network and Out-of-Network selection you make at the time you seek services.

The In-Network benefits (copays/coinsurance) will be covered at a higher level than the Out-of-Network benefits.

The contractual agreement between the OAMC/POS Plan and the In-Network Provider is on a “discounted fee for service” basis.

You will pay more out-of-pocket when you seek services Out-of-Network because those physicians are not providing the same contracted discounts as the In-Network physicians.



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# Postdoctoral Benefit Program

## Aetna OAMC/POS Medical Plan

Core Benefits	In-Network Postdoc Pays	Out-of-Network Postdoc Pays
Deductible (Individual / Family)	\$500 / \$1,000	\$1,000 / \$2,000
Out of Pocket Maximums – Single/Family **	\$3,500 / \$7,000	\$7,000 / \$14,000
Office Visit (Primary/ Specialist) (includes Telehealth)	\$10 / \$30 Copay	30%*
Women’s Preventive Health	No Copay	30%*
Preventative Care/ Routine Physical Exam	No Copay	30%*
Inpatient Hospital	10%*	30%*
Outpatient Surgery	10%*	30%*
Urgent Care	\$75 Copay	30%*
Walk-in Clinics	\$10 Copay	30%*
Emergency Room	\$200 Copay (copay waived if admitted)	
Prescription Drugs (RX) (Generic / Preferred Brand / Non-Preferred Brand/ Specialty)	\$15 / \$30 / \$60 / \$40	

\* Subject to deductible

\*\* Includes deductible , copays, coinsurance and pharmacy



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# Summaries of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA) requires that you be notified that the Summaries of Benefits and Coverage for your medical plans are currently available on our website.

The Summaries of Benefits and Coverage follow the recommended guidelines of PPACA in a standardized format to make them easier to read and comprehend to better serve you in making your plan selections.

You may request a paper copy at no charge by calling the toll-free number on your ID card.

You may also print a copy directly off of the GBS website.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2021 - 12/31/2021

**aetna**™ : CASE WESTERN RESERVE UNIVERSITY POSTDOCTORAL SCHOLARS Health Network Only™

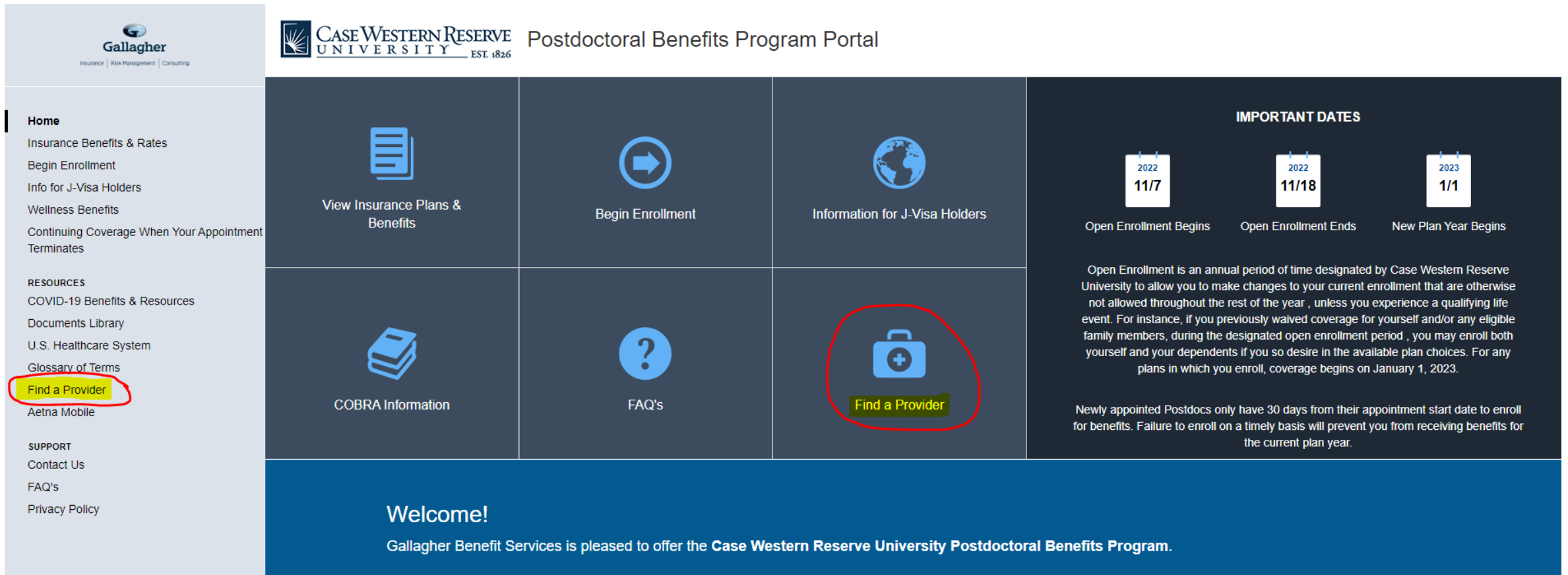
Coverage for: Individual + Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=080200-070020-502050> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: Individual \$500 / Family \$1,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Emergency care; plus in-network office visits, prescription drugs & preventive care are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$1,000 / Family \$2,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billed</u> charges & health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See <a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a> or call 1-888-982-3862 for a list of in-network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

# Finding the Nearest Providers

Click the *Find a Provider* link on the website, choose the appropriate directory, then follow the step-by-step instructions provided in order to locate in-network doctors and facilities near you.



**Case Western Reserve University** Postdoctoral Benefits Program Portal

**Home**

- Insurance Benefits & Rates
- Begin Enrollment
- Info for J-Visa Holders
- Wellness Benefits
- Continuing Coverage When Your Appointment Terminates

**RESOURCES**

- COVID-19 Benefits & Resources
- Documents Library
- U.S. Healthcare System
- Glossary of Terms
- Find a Provider**
- Aetna Mobile

**SUPPORT**

- Contact Us
- FAQ's
- Privacy Policy

**View Insurance Plans & Benefits**

**Begin Enrollment**

**Information for J-Visa Holders**

**COBRA Information**

**FAQ's**

**Find a Provider**

**IMPORTANT DATES**

2022	2022	2023
11/7	11/18	1/1
Open Enrollment Begins	Open Enrollment Ends	New Plan Year Begins

Open Enrollment is an annual period of time designated by Case Western Reserve University to allow you to make changes to your current enrollment that are otherwise not allowed throughout the rest of the year, unless you experience a qualifying life event. For instance, if you previously waived coverage for yourself and/or any eligible family members, during the designated open enrollment period, you may enroll both yourself and your dependents if you so desire in the available plan choices. For any plans in which you enroll, coverage begins on January 1, 2023.

Newly appointed Postdocs only have 30 days from their appointment start date to enroll for benefits. Failure to enroll on a timely basis will prevent you from receiving benefits for the current plan year.

**Welcome!**

Gallagher Benefit Services is pleased to offer the **Case Western Reserve University Postdoctoral Benefits Program**.

# Teladoc Telehealth

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With Teladoc, you have access to doctors on your schedule

24/7 access for non-emergency conditions like cold & flu, sinus infections, allergies and more

See U.S. board-certified & state-licensed doctors and pediatricians

Connect by phone, web, or app from anywhere

Costs for primary care medicine telehealth visits are the same as in-person visits

- \$10 under the OAMC/POS
- \$15 under the HNO

For more information, visit <https://www.teladoc.com/>.



# Urgent Care Centers

The hospital emergency room is to be used only if the situation is limb or life threatening.

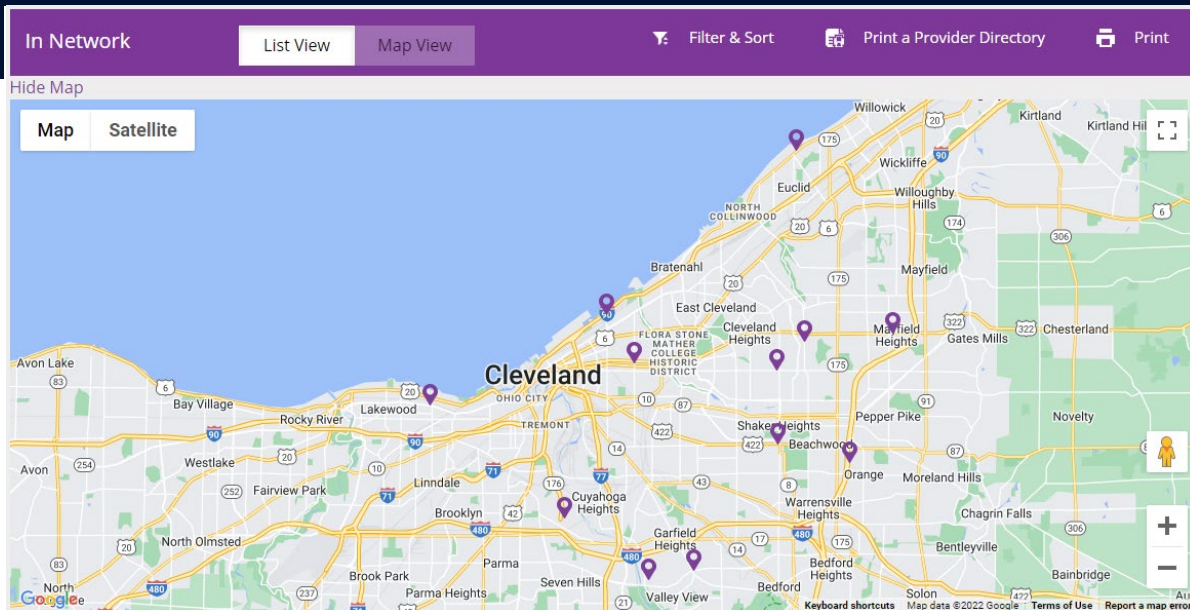
The Urgent Care Center is available to treat most non-life threatening emergencies, as broken bones (not multiple fractures), wounds not bleeding profusely, fevers and flu symptoms.

Please note that most urgent cares are not 24 hours, but do have extended evening hours. Some are open on Saturday and Sunday. Please see the in-network Urgent Care Center lists found in the Documents Library.

The Urgent Care Center should be used as often as possible to avoid additional charges.

Aetna Plan	Emergency Room	Urgent Care Center
Health Network Only (HNO)	\$100 copay	\$35 copay
OAMC/POS Plan	\$200 copay	\$75 copay

# Urgent Care Centers



There are many Urgent Care Centers within 10 miles of CWRU’s campus. Please see a more comprehensive list on Postdoc Benefits Portal – Documents Library

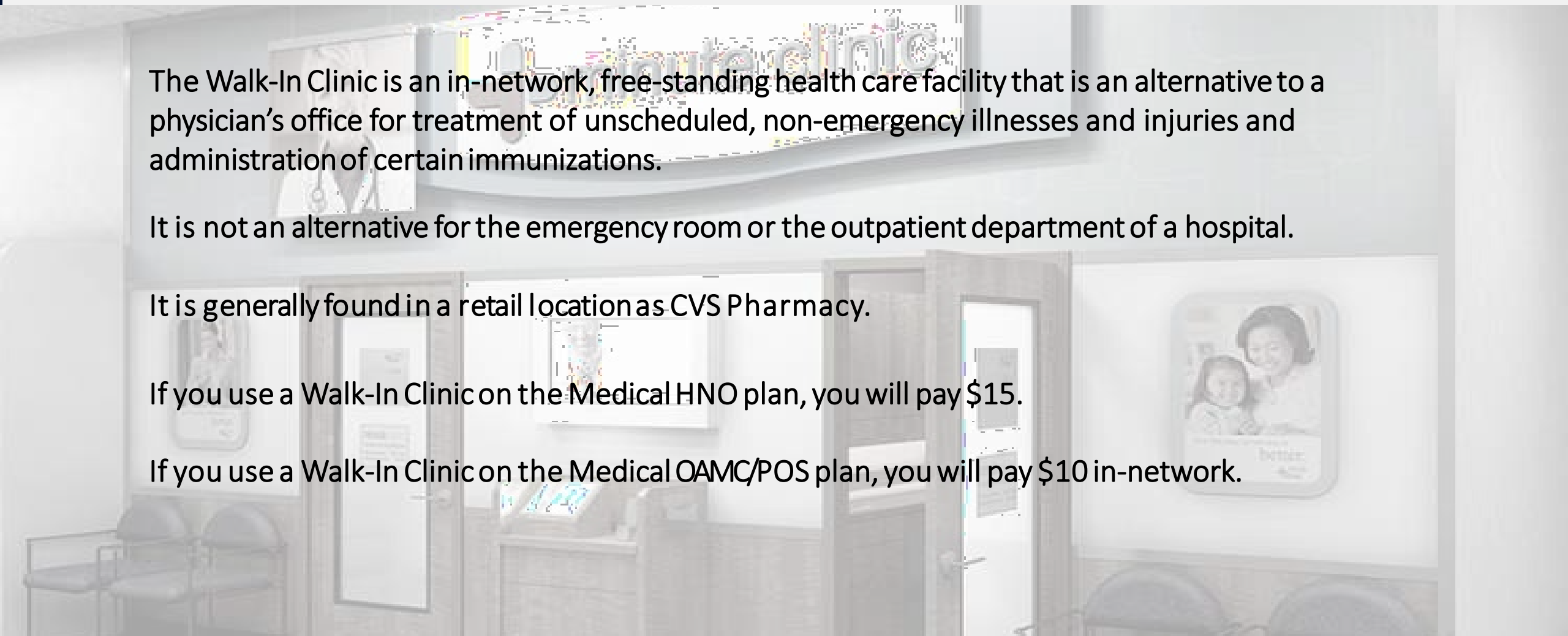
Urgent Care Centers closest to Campus serving both Aetna HNO & OAMC/POS Plans:

Urgent Care Center	Address	Hours
Cleveland Urgent Care LLC	1956 E. 79 <sup>th</sup> St, CLE 44103 (216) 431-3733	8am-8pm Monday – Friday; 9am-5pm Saturday-Sunday
Concentra Health Services	5500 S. Marginal Rd., CLE 44103 (216) 426-9020	8am-5pm Monday-Friday
DBA Medgroup	13916 Cedar Road, Univ Hts 44118 (216) 381-9000	8am-4pm Mon/Wed/Fri; 8am - 8pm Tues/Thurs; 9am-4pm Saturday
UH Suburban Urgent Care	1611 South Green Road Suite 63, S. Euclid 44121 (216) 237-5012	8am - 5pm Monday-Friday; Closed Saturday/Sunday

# Walk-In Clinics

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The Walk-In Clinic is an in-network, free-standing health care facility that is an alternative to a physician's office for treatment of unscheduled, non-emergency illnesses and injuries and administration of certain immunizations.

It is not an alternative for the emergency room or the outpatient department of a hospital.

It is generally found in a retail location as CVS Pharmacy.

If you use a Walk-In Clinic on the Medical HNO plan, you will pay \$15.

If you use a Walk-In Clinic on the Medical OAMC/POS plan, you will pay \$10 in-network.



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# Walk-In Clinics

The lists of “in-network” Walk-In Clinics are different for the two plans offered to CWRU postdocs. Please see a full list on the CWRU Postdoc Benefits portal – Documents Library

## Aetna Health Network Only (HNO)

Walk-In Clinic - HNO	Address
MinuteClinic – In CVS Pharmacy – 4.37 mi	14440 Cedar Rd, CLE 44121 (866) 389-2727
MinuteClinic – In CVS Pharmacy – 5.68 mi	1443 Richmond Rd, Lyndhurst 44124 (866) 389-2727
MinuteClinic – In CVS Pharmacy – 7.2 mi	28100 Chagrin Blvd, Woodmere 44122 (866) 389-2727
MinuteClinic – In CVS Pharmacy – 8.62 mi	11706 Clifton Blvd, Lakewood 44107 (866) 389-2727

## Aetna Open Access Managed Choice/ POS

Walk-In Clinic – OAMC/POS	Address
Cleveland Clinic – 0.86 mi from campus	9500 Euclid Ave, CLE 44195 (216) 444-2273
Cleveland Clinic – 1.74 mi from campus	13944 Euclid Ave, CLE 44112 (216) 444-2273
MinuteClinic – In CVS Pharmacy – 4.37 mi from campus	14440 Cedar Rd, CLE 44121 (866) 389-2727
Cleveland Clinic – 4.47 mi from campus	315 Euclid Ave, CLE 44114 (216) 444-2273



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# Prescriptions – Mail Order Pharmacy

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You can order maintenance medications through Aetna's Rx Home Delivery for chronic conditions as asthma, arthritis, diabetes, high cholesterol and heart conditions.

Under the HNO Plan, this service provides you up to a 90-day supply of these medications after a copay of \$20 for generic, \$60 for brand-name, and \$120 for non-formulary brand name drugs.

Under the OAMC/POS plan, this service provides you up to a 90-day supply of these medications after a copay of \$30 for generic, \$60 for brand-name, and \$120 for non-formulary brand name drugs.

Please click on RX Order Form in the Documents Library on the website for more information, as well as directions on how to order your prescriptions.

For more detailed prescription coverage information go to: [clients.garnettpowers.com/pd/case](https://clients.garnettpowers.com/pd/case)



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# Wellness Programs

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**Aetna Navigator** - This is an online member portal that allows you to view your medical visits and claims status, print temporary ID cards and gain access to more important information.

Once you have your member ID, you may register for access to this site. There will be instructions on the website to assist you.

**Beginning Right** – Provides a pregnancy risk survey and a wealth of information to assist you with when either you or your spouse become pregnant.

**Fitness Discounts** – Aetna offers discounts to a nationwide network of fitness clubs.

**Aetna Discount Programs** – Discounts for health coaching, at-home weight-loss programs and wellness programs

**24-Hour Nurse Line** – free access to speak to a registered nurse about health issues – whenever you need to.

# Flu & COVID-19 Shot Benefits

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Aetna® is a CVS Health® company, which means they recommend CVS Pharmacy® locations for your flu shot.

And it's safe to get your bivalent COVID-19 booster at the same time. Both vaccines are covered with an Aetna medical plan.

Both the HNO and OAMC/POS plans offer coverage for seasonal flu shots with no copay when you use in-network providers.

For a full list of providers and to make an appointment, you may visit —  
<https://www.aetna.com/individuals-families/medication-safety-vaccines/flu-vaccines.html>.

CVS #FluShotFlex Sweepstakes: You could win gift cards for a sports event or one of hundreds of other prizes.\*\*  
<https://www.cvs.com/immunizations/flu/vaccine-sweepstakes>