

# Medical Insurance

Provided by

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**aetna**<sup>SM</sup>

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**KAISER PERMANENTE**<sup>®</sup>

**Disclaimer:** This benefit plan information shown in this benefits plan overview is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance ; the underlying insurance documents will govern in all cases.

# What is a POS Plan?

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Under the Point of Service (POS) plan, the member does not have to choose a Primary Care Physician (PCP). You may use any provider.

There are both in-network and out-of-network benefit levels. You will receive higher reimbursement if you use an in-network provider.

You will need to satisfy a deductible before many services will be paid by the plan.

# Trainee & Affiliate Benefits Program

## Aetna POS Medical Plan

**YOUR  
OUT  
-OF-  
POCKET  
COSTS**

<u>Medical Benefits</u>	<u>In-Network</u>	<u>Out-of-Network</u>
<u>Physician Office Visit</u>	\$ 20 Copay	40%*
<u>Specialist Office Visit</u>	\$ 20 Copay	40%*
<u>E-Visits to PCP</u>	\$ 20 Copay	40%*
<u>Walk-in Clinics</u>	\$ 20 Copay	40%*
<u>Hospitalization:</u>		
Inpatient	20%*	40%*
Outpatient	20%*	40%*
Pregnancy	20%*	40%*
<u>Prescription Drugs:</u>		
Generic	\$ 10 Copay	Not covered
Brand	\$ 30 Copay	Not covered
Non Brand	\$ 45 Copay	Not covered
<u>Emergency Room Visits</u>	\$150 Copay (waived if admitted)	\$150 Copay(waived if admitted)
<u>Urgent Care</u>	20% after \$ 35 Copay	40% after \$ 35 Copay
<u>Routine Physical Exam</u>	None	40%*
<u>Routine Gynecological Exam</u>	None	40%*
<u>Routine Mammograms</u>	None	40%*
<u>Mental Health:</u>		
Outpatient	\$20 Copay	40%*
Inpatient	20% *	40%*
<u>Annual Maximum Out-of-Pocket:</u>	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
<u>Deductible:</u>		
Individual	\$500	\$1,000
Family	\$1,500	\$3,000
<u>Lifetime Maximum</u>	Unlimited	Unlimited

\*Coinsurance amounts after satisfaction of the deductible

For more detailed plan design information, please visit the Plan Documents Library on our website

# What is a HMO Plan?

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You have 2 HMO Plans to choose from: Aetna or Kaiser

- Under the HMO model, the member must choose a Primary Care Physician (PCP). Each family member may have a different PCP.
- A PCP must be selected and indicated on the enrollment form. Provider directory links are available on the GBS website.
- You are allowed to change your PCP once a month.
- Your PCP becomes your healthcare “gatekeeper.”
- If a member needs treatment from a Specialist or requires an In-Patient or Out-Patient hospital procedure, s/he must obtain a referral from their PCP prior to any type of consultation or treatment. If the referral is not obtained, no benefits will be paid.
- There is no Out-of-Network benefit (except in the case of an emergency).

# Trainee & Affiliate Benefits Program

## Aetna HMO Plan

<u>Medical Benefits</u>	<u>Member Pays</u>
<u>Physician Office Visit</u>	\$ 20 Copay
<u>Specialty Office Visit</u>	\$ 20 Copay
<u>Hospitalization:</u>	
Inpatient	\$100 Copay
Outpatient	None
Pregnancy	\$100 Copay
<u>Prescription Drugs:</u>	
Generic	\$ 10 Copay
Brand Name	\$ 30 Copay
Non Formulary	\$ 45 Copay
<u>Emergency Room Visits</u>	\$150 Copay (waived if admitted)
<u>Urgent Care</u>	\$ 35 Copay
<u>Routine Physical Exam</u>	None
<u>Routine Gynecological Exam</u>	None
<u>Routine Mammograms</u>	None
<u>Mental Health:</u>	
Outpatient	No charge
Inpatient	\$100 Copay
<u>Annual Maximum Out of Pocket:</u>	
Individual	\$1,500
Family	\$3,000
<u>Deductible:</u>	
Individual	None
Family	None
<u>Lifetime Maximum</u>	Unlimited

For more detailed plan design information, please visit the Plan Documents Library on our website

# Trainee & Affiliate Benefits Program

## Kaiser HMO Plan

### Medical Benefits

Physician Office Visit

Specialty Office Visit

### Hospitalization:

Inpatient

Outpatient

Pregnancy

### Prescription Drugs:

Generic

Brand Name

### Emergency Room Visits

### Urgent Care

### Routine Physical Exam

### Routine Gynecological Exam

### Routine Mammograms

### Mental Health:

Outpatient

Inpatient

### Annual Maximum Out of Pocket:

Individual

Family

### Deductible:

Individual

Family

### Lifetime Maximum

### Member Pays

\$ 20 Copay

\$ 30 Copay

\$100 Copay

\$ 30 Copay

\$100 Copay

\$ 10 Copay

\$ 35 Copay

\$150 Copay (waived if admitted)

\$ 20 Copay

None

None

None

\$ 20 Copay

\$100 Copay

\$1,500

\$3,000

None

None

Unlimited

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# Prescription Mail Order Pharmacy

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- You can order maintenance medications through Aetna's and Kaiser's Rx home delivery service for chronic conditions such as asthma, arthritis, diabetes, high cholesterol and heart conditions.
- The costs for the Aetna POS & HMO Plans are: \$20 generic, \$60 brand-name and \$90 for non-formulary brand-name drugs up to a 90 day supply.
- The costs for the Kaiser HMO Plan are: \$20 generic and \$70 brand-name up to a 90 day supply.
- It is a simple process and the mail order information is posted on our website under "Medical Plans."

# Summaries of Benefits and Coverage

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- Legally required Summaries of Benefits and Coverage for your medical plans will be available on our website under the Plan Documents Library.
- The Summaries of Benefits and Coverage follow the recommended guidelines to show you your benefits in a standardized format to assist 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.



# Women's Preventive Health Benefits

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- Certain women's preventive health benefits are available under the medical plans at no out-of-pocket cost to you.
- Routine gynecological care exams, routine adult physical exams and mammograms are covered at no cost.
- Other services include but are not limited to: Pre-natal maternity, screening for gestational diabetes, HPV DNA testing, screening and counseling for interpersonal and domestic violence, contraceptive methods and counseling, as well as breastfeeding support, supplies and counseling.
- FDA approved generic contraceptive drugs and devices are also covered.

# Other Preventive Health Benefits

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**In addition to the Women's preventative benefits there are other preventative services that are paid 100% with NO copay under the HMO and POS plans.**

- Routine physical exams
- Wellchild care
- Routine Adult and Children Immunizations
- Routine Eye exam
- Under the POS plan if going out of network an additional co-insurance is assessed.

# Aetna 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 a wealth of tools and information. Access at [www.aetna.com](http://www.aetna.com). 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.

**Global Fit** – Offers discounts to a nationwide network of fitness clubs.

**Health Connections** – Discounts are offered through this program for spas, health foods and fitness clothing.

**Stress Management** – Information available for better mental and physical health.

# Kaiser Wellness Programs

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**Kaiser Website** - 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 a wealth of tools and information. Access at [www.kp.org](http://www.kp.org).

**Discounts** – Kaiser offers a variety of health discounts. See their website for more information.

**Disease Management Programs** – classes are available for a variety of health conditions.

# Health Care Exchange

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- There are differing levels of coverage and cost, as well as several insurance carriers offering the plans.
- In order to be eligible for the Premium Tax Credit, also known as a subsidy, a person must meet certain eligibility requirements:
  - Their employer offers coverage where the plan design does not meet the coverage requirements of the ACA.
  - Certain poverty-level income conditions are met.
  - The cost of employee-only coverage exceeds 9.5% of an employee's wages.

# Health Care Exchange

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## **Important ACA Information Specifically for Enrollees in the City of Hope TABP**

- The Aetna and Kaiser plans meet or exceed the plan requirements of the ACA.
- To the best of our knowledge, the cost of single coverage for the plans does not exceed 9.5% of an eligible Trainee's wages/stipend.
- It is highly unlikely that anyone enrolled in the City of Hope TABP medical coverage will be eligible for a subsidy through the exchange.
- For more information, please visit California Healthcare
- Marketplace at [www.coveredca.com](http://www.coveredca.com).