

# BENEFIT PLAN

## Extraterritorial Riders

Prepared Exclusively for  
Vanderbilt University Postdoctoral Trainee  
Benefits Program

Open Choice ET Riders

Aetna Life Insurance Company

These Extraterritorial Riders are part of the Group Insurance Policy  
between **Aetna** Life Insurance Company and the Policyholder

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

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# Aetna Life Insurance Company

Hartford, Connecticut 06156

## Extraterritorial Certificate Rider (GR-9N-CR1)

**Policyholder:** Vanderbilt University Postdoctoral Trainee Benefits Program  
**Group Policy No.:** GP-480610  
**Rider:** Georgia ET Medical  
**Issue Date:** September 8, 2014  
**Effective Date:** October 1, 2014

This certificate rider forms a part of the booklet certificate issued to you by Aetna describing the benefits provided under the policy specified above. This extraterritorial certificate-rider takes the place of any other medical extraterritorial certificate-rider issued to you on a prior date.

Note: The provisions identified herein are specifically applicable ONLY for:

- Benefit plans which have been made available to you and/or your dependents by your Employer;
- Benefit plans for which you and/or your dependents are eligible;
- Benefit plans which you have elected for you and /or your dependents;
- The benefits in this rider are specific to residents of Georgia. **These benefits supersede any provision in your booklet certificate to the contrary unless the provisions in your certificate result in greater benefits.** You are only entitled to these benefits, if you are a resident of Georgia, and if the benefit value exceeds those benefits covered under the group policy and booklet certificate.

## Ongoing Specialist Care: (GR-9N-S-08-035 01 GA)

If you have a condition which requires ongoing care from a **specialist**, you or your **physician** may request a standing **referral** to such **specialist**. Circumstances which may warrant this type of **referral** include, but are not limited to, a high risk pregnancy or dialysis treatment. You should initially make this **request** through your **PCP**. If **Aetna**, the **PCP** and/or **specialist**, in consultation with a medical director, determine that such a standing **referral** is appropriate, **Aetna** will authorize such a **referral** to a network **specialist**. **Aetna** is not required to permit you to elect to have an out-of-network **specialist**, unless such a **specialist** is not available within the network. Any authorized **referral** shall be made pursuant to a treatment plan approved by **Aetna** in consultation with the **PCP**, the **specialist** and you, or your designee.

The treatment plan may limit the number of visits or the period during which the visits are authorized and may require the **specialist** to provide the **PCP** with regular updates on the specialty care provided, as well as all necessary medical information.

## When You Don't Need a PCP Referral

You don't need a **PCP** referral for:

- **Emergency care** – See *Coverage for Emergency Medical Conditions*.
- **Urgent care** – See *Coverage for Urgent Conditions*.
- **Out-of-Network Benefits** – the plan gives you the option to visit health care providers and facilities that are not in the provider network without a **referral** for **covered expenses**. You may also visit **network providers** without a **referral**. You will receive out-of-network coverage for these **covered expenses**.

- **Direct access services** – services from **network providers** for which the referral is not required. Certain routine and preventive services do not require a referral under the plan when accessed in accordance with the age and frequency limitations outlined in the *What the Plan Covers* and *the Schedule of Benefits* sections. Refer to the *What the Plan Covers* section for information on when these benefits are covered. You can directly access these network specialists for:
  - Routine gynecologist visits;
  - Annual screening mammogram for age-eligible women;
  - Routine eye exams in accordance with the schedule.
  - Dermatology care.

#### **Important Note**

**ID Card:** You will receive an ID card. It identifies you as a member when you receive services from health care **providers**. If you have not received your ID card or if your card is lost or stolen, notify **Aetna** immediately and a new card will be issued.

In no event will the covered amount for In-Network charges exceed more than 30% of the covered amount for Out-of-Network charges. When In-Network office visits are paid at 100% after a dollar copay, the GA Office of Insurance equates this to a 90% coinsurance when figuring the Out-of-Network coinsurance allowance. In no event will any benefit be paid at a coinsurance less than 60%.

## **Accessing Pharmacies and Benefits** (GR-9N-S-125-015 01 GA)

This plan provides access to **covered benefits** through a network of pharmacies, vendors or suppliers. These **network pharmacies** have contracted with **Aetna** to provide **prescription drugs** and other supplies to you at a **negotiated charge**. You also have the choice to access state licensed **pharmacies** outside the **network** for **covered expenses**.

Obtaining your benefits through **network pharmacies** has many advantages. Benefits and cost sharing may also vary by the type of **network pharmacy** where you obtain your **prescription drug** and whether or not you purchase a brand-name or generic drug. **Network pharmacies** include retail, mail order and specialty pharmacies.

Read your *Schedule of Benefits* carefully to understand the cost sharing charges applicable to you

To better understand the choices that you have with your plan, please carefully review the following information.

### **Pharmacy Benefit Limitations** (GR-9N 13-015 01 GA)

A **network pharmacy** may refuse to fill a prescription order or refill when in the professional judgment of the pharmacist the prescription should not be filled.

The plan will not cover expenses for any **prescription drug** for which the actual charge to you is less than the required **copayment** or **deductible**, or for any **prescription drug** for which no charge is made to you.

**Aetna** retains the right to review all requests for reimbursement and in its sole discretion make reimbursement determinations subject to the Complaint and Appeals section(s) of the Booklet-Certificate.

**Copays/Deductibles** (GR-9N-S-26-010-04 GA)

<b>PER PRESCRIPTION COPAY/DEDUCTIBLE</b>	<b>NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b><i>Preferred Generic Prescription Drugs</i></b>		
For each 30 day supply (retail)	\$15	\$15
For more than a 30 day supply but less than a 91 day supply (mail order)	\$30	Not Applicable
<b><i>Preferred Brand-Name Prescription Drugs</i></b>		
For each 30 day supply (retail)	\$35	\$35
For more than a 30 day supply but less than a 91 day supply (mail order)	\$70	Not Applicable
<b><i>Non-Preferred Generic Prescription Drugs</i></b>		
For each 30 day supply (retail)	\$15	\$15
For more than a 30 day supply but less than a 91 day supply (mail order)	\$30	Not Applicable
<b><i>Non-Preferred Brand-Name Prescription Drugs</i></b>		
For each 30 day supply (retail)	\$50	\$50
For more than a 30 day supply but less than a 91 day supply (mail order)	\$100	Not Applicable
<b><i>Self-Injectable Prescription Drugs</i></b>		
For each 30 day supply	20% of the <b>negotiated charge</b>	Not Covered

**Coinsurance**

	<b>NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Prescription Drug Plan Coinsurance</b>	100% of the <b>negotiated charge</b>	100% of the <b>negotiated charge</b>

The **prescription drug plan coinsurance** is the percentage of **prescription drug covered expenses** that the plan pays after any applicable **deductibles** and **copays** have been met.

The sub-section titled 'Subrogation', if included in the 'General Provisions' section of your Booklet-Certificate, has been removed and does not apply to your plan.

A handwritten signature in black ink, appearing to read 'Mark T. Bertolini', with a stylized flourish at the end.

Mark T. Bertolini  
Chairman, Chief Executive Officer and President

Aetna Life Insurance Company  
(A Stock Company)

# Aetna Life Insurance Company

Hartford, Connecticut 06156

## Extraterritorial Certificate Rider (GR-9N-CR1)

**Policyholder:** Vanderbilt University Postdoctoral Trainee Benefits Program  
**Group Policy No.:** GP-480610  
**Rider:** New Jersey ET Medical  
**Issue Date:** September 8, 2014  
**Effective Date:** October 1, 2014

This certificate rider forms a part of the booklet certificate issued to you by Aetna describing the benefits provided under the policy specified above. This extraterritorial certificate-rider takes the place of any other medical extraterritorial certificate-rider issued to you on a prior date.

Note: The provisions identified herein are specifically applicable ONLY for:

- Benefit plans which have been made available to you and/or your dependents by your Employer;
- Benefit plans for which you and/or your dependents are eligible;
- Benefit plans which you have elected for you and /or your dependents;
- The benefits in this rider are specific to residents of New Jersey. **These benefits supersede any provision in your booklet certificate to the contrary unless the provisions in your certificate result in greater benefits.** You are only entitled to these benefits, if you are a resident of New Jersey, and if the benefit value exceeds those benefits covered under the group policy and booklet certificate.

## Obtaining Coverage for Dependents (GR-9N 29-010 03 NJ)

Your dependents can be covered under your plan. You may enroll the following dependents:

- Your legal spouse/**civil union partner**; or
- Your domestic partner who meets the rules as defined by the State of New Jersey; and
- Your dependent children; and
- Dependent children of your domestic partner.

**Aetna** will rely upon your employer to determine whether or not a person meets the definition of a dependent for coverage under the plan. This determination will be conclusive and binding upon all persons for the purposes of this plan.

## **Civil Union Partner** (GR-9N 34-015 02 NJ)

A person who has established a civil union as defined by New Jersey State Law. If applicable, any references under this Booklet-Certificate made to “marriage”, “husband”, “wife”, “family”, “immediate family”, “dependent”, “next of kin”, “widow”, “widower”, “widowed” or another word which in a specific context denotes a marital or spousal relationship, the same shall include a **civil union partner**. In addition, a same sex relationship entered into outside of New Jersey which is valid under the law of another state or foreign nation that provides substantially all of the rights and benefits of marriage, shall be treated as a **civil union partner** under New Jersey law.



Mark T. Bertolini  
Chairman, Chief Executive Officer and President

Aetna Life Insurance Company  
(A Stock Company)