



PACE UNIVERSITY



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

HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient coverage When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	15%; after deductible	40%; after deductible
Inpatient maternity coverage (includes delivery and postpartum care) When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	15%; after deductible	40%; after deductible



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Effective Date: 01-01-2024
Open Access® Managed Choice® POS - New York

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THERAPY SERVICES	IN-NETWORK	OUT-OF-NETWORK
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Gene-based, Cellular, and other	Your cost sharing amount depends on the type of service and where you receive it. \$50 copay; no deductible for gene therapy drugs, if applicable In-network coverage is provided at GCIT™ designated facilities only.	Not Covered
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Hearing aids



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PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy plan type	Advanced Control Plan - Aetna	
Prescription Drug Deductible (per calendar year)	\$125 per Individual	\$125 per Individual
	\$375 per Family	\$375 per Family
Covered prescription drug expenses add up toward both your in-network and out-of-network prescription drug deductible at the same time. You must first meet the prescription drug deductible before the plan begins paying prescription drug benefits, unless otherwise noted. Once you meet the family prescription drug deductible, then all family members have met it for the rest of the year. There is no individual prescription drug deductible for members of a family.		
No deductible for formulary generic drugs.		
Prescription drug out-of-pocket limit (per calendar year)	\$4,000 per Individual	\$4,000 per Individual
	\$8,000 per Family	\$8,000 per Family
Covered prescription drug expenses add up toward both your in-network and out-of-network prescription drug out-of-pocket limit at the same time. Once you meet the family prescription drug out-of-pocket limit, then all family members have met it for the rest of the year. There is no individual prescription drug out-of-pocket limit for members of a family.		
Preferred generic		



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