

You've got options

Plan Year: July1, 2025 - June 30, 2026

The following is a summary of what's covered by each Preferred Plan option. For a full list, check your plan documents. You can also call Aetna Member Services at **1-800-293-3536** with questions. If your plan is not detailed below and you have questions, please contact your benefits department.

[illegible]

Diagnostic procedures								
Outpatient Laboratory/ Pathology	100%	70%, after deductible	100%	70%, after deductible	100%, after deductible	50%, after deductible	100%	50%, after deductible
Outpatient Radiology (routine radiology/diagnostic MRI/MRA, CT/CTA scan, PET scan)	\$20 copayment	70%, after deductible	\$40 copayment	70%, after deductible	100%, after deductible	50%, after deductible	100%	50%, after deductible
Therapy services								
Physical, Occupational and Speech	\$15 copayment [visits 1-30] \$25 copayment [visits 31-60] (60 visits per calendar year for PT/OT/ST)	70%, after deductible (60 visits per calendar year for PT/OT/ST)	\$20 copayment [visits 1-30] \$40 copayment [visits 31-60] (60 visits per calendar year for PT/OT/ST)	70%, after deductible (60 visits per calendar year for PT/OT/ST)	\$25 copayment (visits 1-30) \$50 copayment visits (31-60)	50%, after deductible	100% (up to 60 consecutive days per condition covered, subject to significant improvement)	50%, after deductible (up to 60 consecutive days per condition covered, subject to significant improvement)
Chiropractic Care	\$20 copayment (30 visits per calendar year)	70%, after deductible (30 visits per calendar year)	\$40 copayment (30 visits per calendar year)	70%, after deductible (30 visits per calendar year)	\$50 copayment (30 visits per calendar year)	50%, after deductible (30 visits per calendar year)	100% (100 visits per calendar year)	50%, after deductible (100 visits per calendar year)
Private-Duty Nursing	100%	70%, after deductible	100%	70%, after deductible	100%, after deductible	50%, after deductible	100%	50%, after deductible
Hospice and Home Health Care	100%	70%, after deductible	100%	70%, after deductible	100%, after deductible	50%, after deductible	100%	50%, after deductible
Durable Medical Equipment and Prosthetics	\$20 copayment	70%, after deductible	\$40 copayment	70%, after deductible	100%, after deductible	50%, after deductible	100%	50%, after deductible
Mental health care								
Outpatient	\$20 copayment	70%, after deductible	\$40 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$25 copayment	50%, after deductible
Inpatient	\$75 per day (maximum of 5 copayments per admission)	70%, after deductible	\$350 copayment per admission	70%, after deductible	\$300 copayment per admission	50%, after deductible	\$250 copayment per admission	50%, after deductible
Substance abuse treatment								
Outpatient/Partial Facility Visits	\$20 copayment	70%, after deductible	\$40 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$25 copayment	50%, after deductible
Inpatient Rehabilitation	\$75 per day (maximum of 5 copayments per admission)	70%, after deductible	\$350 copayment per admission	70%, after deductible	\$300 copayment per admission	50%, after deductible	\$250 copayment per admission	50%, after deductible
Inpatient Detoxification	\$75 per day (maximum of 5 copayments per admission)	70%, after deductible	\$350 copayment per admission	70%, after deductible	\$300 copayment per admission	50%, after deductible	\$250 copayment per admission	50%, after deductible

*Chart reflects dollar amounts that member pays or coinsurance percentages that plan pays.