

**Aetna Health Inc. FLEX MEDICAL PLAN**  
**LONG ISLAND UNIVERSITY**  
New York

*Copayments*

**PRIMARY CARE PHYSICIAN VISITS**

Office Hours \$2 copay

After Hours / Home Visits \$5 copay

**SPECIALTY CARE**

Office Visits No copay

Diagnostic Outpatient Testing No copay

Phys, Occ, Speech Therapy No copay

**SPU SURGERY** No copay

**HOSPITALIZATION** \$500 copay/A

**EMERGENCY ROOM (copay waived if admitted)** \$15 copay

**MATERNITY**

First OB Visit No copay

Hospital \$500 copay/A

**MENTAL HEALTH**

Inpatient \$500 copay/A, 35 days

Outpatient No copay, 1-2 visits

\$10 copay/V, 3-10 visits

\$25 copay/V, 11-20 visits

**SUBSTANCE ABUSE**

Detoxification \$500 copay/A

Outpatient Rehabilitation \$2 copay/V, 60 visits

**PREVENTIVE CARE**

Routine Eye Exam (per benefit schedule) \$2 copay

Routine GYN Exam \$2 copay

**CHIROPRACTIC CARE** No copay

**PRESCRIPTION LENS REIMBURSEMENT** \$ 35 every 24 months

**PRESCRIPTIONS** \$2.50 copay

**DURABLE MEDICAL EQUIPMENT** No copay

**MAX OUT OF POCKET (copay + coinsurance)**

Single/Family \$1,500/\$3,000

**IN-NET LIFETIME MAXIMUM**

In-Net Lifetime Maximum Benefit N/A

**8897814**

All non-emergency specialty and hospital services require a written referral from the primary care physician. See Certificate of Coverage

for complete list of terms, benefits and exclusions. Benefits are provided by Aetna Health Inc..

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**Exclusions and Limitations**

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer

to their plan documents to determine which health care services are covered and to what extent. The following

is a list of services and supplies that are generally not covered. However, your plan documents may contain exceptions

to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical and hospital services not specifically covered in, or which are limited or excluded in your plan documents;

Cosmetic surgery, including breast reduction; Custodial care; Dental care and dental X-rays; Donor egg retrieval;

Durable Medical Equipment; Experimental and investigational procedures; Hearing aids; Implantable drugs

and certain injectible drugs including injectible infertility drugs; Immunizations for travel or work; Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents; Long-term rehabilitation therapy; Orthotics; Outpatient Prescription drugs and over-the-counter medications and supplies; Nonmedically necessary services or supplies; Radial keratotomy or related procedures; Reversal of voluntary sterilization; Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies, counseling or prescription drugs; Special duty nursing; Therapy or rehabilitation other than those listed as covered; and Treatment of behavioral disorders.

**Disclaimers**

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify, or obtain prior approval of coverage for certain services such as nonemergency inpatient hospital care. Certain benefits like comprehensive infertility and advanced reproduction technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under plans with an open formulary, or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received upon enrollment) are not covered, and medical exceptions are not available for them. While this material is believed to be accurate as of the print date, it is subject to change.