Medical Plan Benefit Comparison — Bates College

General Information		
Provider Network	Aetna HMO	Aetna Open Choice PPO
Type of Plan	HMO	PPO
Website Address for Providers	www.aetna.com	www.aetna.com
Services provided by In-Network Providers		
How to Access the In-Network Benefits	A Primary Care Physician (PCP) must be selected. All services must be approved and coordinated by the PCP (except where noted). If care is not coordinated through your PCP, there will be no benefits paid.	To receive the highest benefit level, services must be provided by a network provider.
Annual Deductible		
Individual	$500	$500
Family	$1,000	$1,000
Annual Out-of-Pocket Maximum (includes deductible)		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Lifetime Benefit Maximum Per Individual	Unlimited	$3,000,000
Office Visits	$20 Copay then 100% - PCP $25 Copay then 100% - Specialist	$20 Copay then 100% (office visit only) 80% all other services after deductible is met
Lab & X-Ray	100% (Complex Imaging Services: $50 Copay then 100%)	80% after deductible
Hospital Emergency Room	$100 Copay then 100% No coverage for non-emergencies	80% after deductible (50% after deductible for non-emergencies)
Ambulance	100%	80% after deductible
Hospital Services		
Inpatient	80% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	80% after deductible
Smoking Cessation	Medications covered under Rx; six-week program based on SmokeStoppers® available under the Simple Steps to a Healthier Life Program	Medications covered under Rx ; six-week program based on SmokeStoppers® availble under the Simple Steps to a Healthier Life Program
Prescription Drugs		
Generic (30 day supply)	$10 Copay	$10 Copay
Formulary Brand Name (30 day supply)	$25 Copay	$25 Copay
Non-Formulary Brand Name (30 day supply)	$40 Copay	$40 Copay
Mail-Order (90 day supply)	2 x Copays	2 x Copays
Oral Contraceptives	Covered	Covered
Preventive Care		
Routine Adult Exam	$20 Copay then 100%	$20 co-pay then 100%
Well baby care, routine physicals	$20 Copay then 100%	$20 Co-pay then 100% (subject to age schedule)
Routine gynecological	$25 Copay then 100% - Specialist	$20 co-pay then 100%
Routine tests in conjunction with physical exam	100%	80% after deductible
Mammograms	$25 Copay (1 baseline routine mammogram is covered for females age 35-39 and one annual mammogram for females age 40 and over)	100% (1 baseline routine mammogram is covered for females age 35-39 and one annual mammogram for females age 40 and over)
Preventive Colonscopy (covered for members age 50 and over; preventive colonoscopy applies every 10 years)	100%	100%
Diagnostic Colonoscopy	80% after deductible	80% after deductible
Chiropractic Care		
Limitation Per Year	$25 Copay then 100% (36 visit limit per calendar year)	80% after deductible (40 visit limit per calendar year)

This benefit comparison is for illustrative purposes only. Please contact Aetna for actual plan specifics.

Vision		
Exam	$25 Copay then 100% (1 visit per 24 months)	$20 Copay then 100% 1(visit per 24 months)
Hardware	Not Covered	Not Included
Dental	Not Included	Not Inlcuded
Hearing Aids	80% after deductible up to a maximum benefit of $1,400 per hearing aid for each impaired ear every 36 months for members through age 18	80% after deductible up to a maximum benefit of $1,400 per hearing aid for each impaired ear every 36 months for members through age 18
Maternity Care Physician Services	Prenatal $25 co-payment for initial visit then 100% Delivery Services considered part of hospital services (subject to deductible and co-insurance)	Prenatal $20 co-pay per visit Delivery Services considered part of hospital services subject to deductible and co-insurance
Home Health Services	100% (100 day limit per calendar year)	80% subject to deductible (120 visit limit per year)
Family Planning Services		
Infertility treatment (diagnosis and treatment of underlying condition)	cost-sharing based on type of service performed and type of facility; deductible waived	cost-sharing based on type of service performed and type of facility
Voluntary Sterilization (including tubal ligation and vasectomy)	cost-sharing based on type of service performed and type of facility	cost-sharing based on type of service performed and type of facility
Mental Health		
Inpatient - biologically based	80% after deductible	80% after deductible
Inpatient- non-biologically based	80% after deductible	80% after deductible
Outpatient biologically based	$25 Co-pay then 100%	$20 Co-pay then 100%
Outpatient- non-biologically based	$25 Co-pay then 100%	$20 Co-pay then 100%
Alcohol/Drug Abuse Services		
Inpatient Detoxification	80% after deductible	80% after deductible
Outpatient Detoxification	$25 Co-pay then 100%	$20 Co-pay then 100%
Inpatient Rehabilitation	80% after deductible	80% after deductible
Outpatient Rehabilitation	$25 Co-pay then 100%	$20 Co-pay then 100%
Short-Term Rehabilitative Therapy (Physical, Occupational and Speech Therapy)	$25 Co-pay then 100% (up to 60 visits per calendar year, combined)	80% after deductible (up to a 60 visits per year, combined)
Durable Medical Equipment	100%	80% after deductible
Inpatient at other Healthcare Facilities		
Skilled Nursing	80% after deductible (up to 100 days per calendar year)	80% after deductible (up to 100 days per year)
Hospice	80% after deductible	80% subject to deductible
Hospice - outpatient	100%	80% subject to deductible
Services provided by Out-of-Network Providers		
Provider Network	Not Applicable	Any licensed provider
How to Access the Out-of-Network Benefits	No coverage except for a life-threatening emergency	If care is not provided by a preferred provider, the lower out of network benefits and limitations apply.
Annual Deductible		
Individual	Not Applicable	$1,000 (combined with in-network)
Family	Not Applicable	$2,000 (combined with in-network)
Annual Out-of-Pocket Maximum		
Individual	Not Applicable	$3,000 (combined with in-network)
Family	Not Applicable	$6,000 (combined with in-network)
Lifetime Benefit Maximum Per Individual	Not Applicable	$3,000,000 (combined with in-network)
Co-Insurance A percentage of the allowed amount for most covered services after deductible has been satisfied.	Not Applicable	60% + all applicable copays & deductibles (office visits at 80% after deductible)