City of Pittsburgh
Active Firefighters
737433-11-003, 073
Benefits administered by

aetna

DEDUCTIBLES AND MAXIMUMS	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Annual Deductible		
Individual	$100	$300
Family (aggregate)	$300	$900
Out-of-Pocket Maximum (Includes Deductibles, Copays and Coinsurance for both Medical and Pharmacy)		
Individual	$7,150	Not Applicable
Family (aggregate)	$14,300	Not Applicable
Autism Spectrum Disorders (ASD) Maximum	Subject to Benefit Maximum and Prior Authorization requirements	
OUTPATIENT SERVICES	**Participating MEMBER RESPONSIBILITY**	**Non-Participating MEMBER RESPONSIBILITY**
Physician Services (for illness or injury)	**(office visit NOT subject to deductible)**	
Primary Care Visit (PCP)	$15 Copay	20% Eligible Charges (after annual deductible)
Specialist Visit (SCP)	$15 Copay	20% Eligible Charges (after annual deductible)
Teledoc	$15 Copay	20% Eligible Charges (after annual deductible)
Preventive Services*	**(office visit NOT subject to deductible)**	
Gynecological Exam (PCP/SCP)	$0 Copay	20% Eligible Charges
Well Child Visit	$0 Copay	20% Eligible Charges (after annual deductible)
Adult Physical Visit	$0 Copay	20% Eligible Charges (after annual deductible)
Routine Pediatric Immunizations	0%	20% Eligible Charges
Hearing Exams (under age 18)	0%	20% Eligible Charges (after annual deductible)
Routine Mammograms	0%	20% Eligible Charges (after annual deductible)
Routine Colonoscopies***	0%	20% Eligible Charges (after annual deductible)
Allergy Testing & Allergy Serum	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Chiropractic Care (x-rays are subject to deductible) Out-of-network maximum 20 visits per contract year	$15 Copay (after annual deductible)	20% Eligible Charges (after annual deductible)
Outpatient Surgery	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Lab Services	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Diagnostic X-ray	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Radiology (CAT, MRI, Ultrasound, PET)	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
HOSPITAL SERVICES	**Participating MEMBER RESPONSIBILITY**	**Non-Participating MEMBER RESPONSIBILITY**
Hospital Care		
Semi-private room (private room if medically necessary)	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Physician and Surgeon Fees	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Surgery	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Lab and X-ray services	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
All Medically Necessary Ancillary Services	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Anesthesia	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Administration of Blood	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Blood Products	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Therapy Services (Chemotherapy & Radiation Therapy)	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
MATERNITY SERVICES	**Participating MEMBER RESPONSIBILITY**	**Non-Participating MEMBER RESPONSIBILITY**
Pregnancy Care (PCP/SCP)	$15 Copay (not subject to annual deductible)	20% Eligible Charges (after annual deductible)
Delivery	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
FAMILY PLANNING	**Participating MEMBER RESPONSIBILITY**	**Non-Participating MEMBER RESPONSIBILITY**
Infertility Counseling/Testing/Services	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Tubal Ligation	0% (not subject to deductible)	20% Eligible Charges (after annual deductible)
Vasectomy	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
PRESCRIPTION DRUGS	**Participating MEMBER RESPONSIBILITY**	**Non-Participating MEMBER RESPONSIBILITY**
(Includes managed formulary. Mandatory generic substitution applies – member is responsible for the payment differential when a generic drug is available, but a brand name drug is utilized)	**Refer to the RX Select formulary to identify which drugs do not require authorization. Quantity limits still apply.** **Retail (30 day supply)– Generic 10%; Min $0, Max $7** **Formulary Brand – 15%; Min $0, Max $15** **Non-Formulary – 20%; Min $0, Max $40** **Mail Order (90 day supply) -$14/$30/$40** **COVERED ONLY AT PARTICIPATING PHARMACIES**	
EMERGENCY CARE	**Participating MEMBER RESPONSIBILITY**	**Non-Participating MEMBER RESPONSIBILITY**

Urgent Care Center	$15 Copay	20% Eligible Charges (after annual deductible)
Emergency Room Services (not subject to deductible)	0% after $75 Copay (ER Copay waived if admitted)	

REHABILITATION SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Occupational, Speech, Physical Therapy	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
	Physical Therapy – out-of-network limited to 100 visits per contract year	

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
General Mental Health:	***(Mental health services must be preauthorized)***	
Inpatient	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Physician Services (Outpatient)	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Serious Mental Health: Inpatient	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Physician Services (Outpatient)	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Substance Abuse: Inpatient Detoxification	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Inpatient Rehabilitation	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Transitional Partial Hospitalization	0% (after annual deductible)	20% Eligible Charges (after annual deductible)

OTHER BENEFITS	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Claim Forms Required	**No**	**Yes**
Durable Medical Equipment (DME)	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Corrective Appliances	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Home Health Care Services	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Hospice Care	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Skilled Nursing Facility	0% (after annual deductible)	20% Eligible Charges (after annual deductible
Dental Services		
Emergency treatment of dental injury	0% (after annual deductible)	20% Eligible Charges (after annual deductible)
Removal of Third Molars	0% (after annual deductible)	20% Eligible Charges (after annual deductible)

PRECERTIFICATION REQUIREMENT	By Physician	By Patient

When using a nonparticipating provider, the member must obtain precertification of nonemergency hospital and other facility (e.g., skilled nursing facilities, rehabilitation facilities, drug and alcohol treatment facilities) admissions, outpatient surgery and certain other services as stated in the Group Contract. If these services or admissions are not precertified and the service is not medically necessary, the member may be responsible for 100% of the cost of the services.

LIFETIME MAXIMUM	Unlimited

Autism Spectrum Disorders are covered pursuant to state mandates for groups with 51 or more employees.

This is not a contract. It is intended solely to provide you with an overview of the plan. Complete details of benefits, terms and exclusions are governed by your Group Contract. **This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.**

Benefits are administered on a contract year basis.

In addition to your copay or coinsurance, you are responsible for paying nonparticipating providers the difference between our out-of-network rate and their actual charge for nonemergency services. Your out-of-pocket costs for nonemergency care from nonparticipating providers may be substantial.

*** The physician must bill the claim with a preventive diagnosis code in order to apply under preventive benefits coverage.

This document neither affirmatively nor negatively amends, extends, or alters the terms of or the coverage afforded by policy referenced herein

***Reimbursement for Weight Management programs is limited to $350 per calendar year per member.*