## Aetna Select 2

**Summary of Benefits and Coverages (SBC):** What this plan covers and what it costs.

This is only a summary. For more information or for a paper copy of this SBC, please contact HR-Benefits at 305-284-3004 or [www.miami.edu/benefits/ask](http://www.miami.edu/benefits/ask).

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<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Why this Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$250 per person $750 per family</td>
<td>There is a deductible to meet before this plan begins to pay for covered medical services you use.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No. There are no other deductibles in this plan.</td>
<td>There is a deductible to meet before this plan begins to pay for covered medical services you use.</td>
</tr>
<tr>
<td>Is there an out-of-pocket limit on my medical expenses?</td>
<td>Yes. For participating providers, $4,000 per person/ $12,000 per family.</td>
<td>The out-of-pocket limit is the most you could pay during the calendar year for your share of the cost of covered medical services. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, and health care services this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No.</td>
<td>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services.</td>
</tr>
<tr>
<td>Does this plan use a network of providers?</td>
<td>Yes. See <a href="http://www.aetna.com">www.aetna.com</a> for a list of participating providers. <em>Network: Aetna Select (Open Access)</em></td>
<td>If you use an in-network provider, this plan will pay some or all of the costs of covered services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.</td>
</tr>
<tr>
<td>Do I need a referral to see a specialist?</td>
<td>No. You don’t need a referral to see a specialist.</td>
<td>You can see the in-network specialist you choose without permission from this plan.</td>
</tr>
<tr>
<td>Are there services this plan doesn’t cover?</td>
<td>Yes. Visit <a href="http://www.aetna.com">www.aetna.com</a> to learn more.</td>
<td>See your plan document or <a href="http://www.aetna.com">www.aetna.com</a> for additional information about excluded services.</td>
</tr>
</tbody>
</table>

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- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- The amount the plan pays for covered services is based on the **allowed amount**.
- This plan encourages you to use UM providers by charging you lower copayments amounts.

<table>
<thead>
<tr>
<th>Medical Event</th>
<th>Services you may need</th>
<th>Aetna Select 2</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UM Providers</td>
<td>In-network</td>
</tr>
<tr>
<td>If you wish to visit a health care provider’s office</td>
<td>Primary care visit to treat injury or illness</td>
<td>Deductible, then $20 copay</td>
<td>Deductible, then $25 copay</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>Deductible, then $35 copay</td>
<td>Deductible, then $60 copay</td>
</tr>
<tr>
<td></td>
<td>Preventive care (see list at <a href="http://www.miami.edu/benefits">www.miami.edu/benefits</a>)</td>
<td>No charge</td>
<td>No charge (Skin Cancer Screening covered only at UHealth)</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic Testing (lab work-Quest)</td>
<td>Deductible, then $0 copay</td>
<td>Deductible, then $0 copay</td>
</tr>
<tr>
<td></td>
<td>High-End Imaging (CT/PET scans, MRI)</td>
<td>Deductible, then $150 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room services</td>
<td>Deductible, then $150 copay</td>
<td>Deductible, then $150 copay</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>N/A</td>
<td>Deductible, then $0 copay</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>N/A</td>
<td>Deductible, then $75 copay</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Prenatal and postnatal care (office-based)</td>
<td>Deductible, then $35 copay for first visit, then all office visits covered at 100%</td>
<td>Deductible, then $60 copay for first visit, then all office visits covered at 100%</td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>Deductible, then $200 copay per day ($1,000 max per admission)</td>
<td>Deductible, then $300 copay per day ($1,500 max per admission)</td>
</tr>
</tbody>
</table>

**Coverage Period:** 01/01/2015 - 12/31/2015

**Plan Type:** Open Access HMO

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<tbody>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic, preferred brand, non-preferred brand and specialty drugs</td>
<td>Prescription drug costs are determined by the four-tier structure found at miami.edu/benefits. Copays range from $10 to $100.</td>
<td>Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order or CVS)</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (ambulatory surgery center)</td>
<td>Deductible, then $100 copay</td>
<td>Visit <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>Deductible, then $0 copay</td>
<td>Visit <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Mental health services are offered through University of Concordia Behavioral Health. For more information, please visit concordiabh.com or call 1-800-294-8642.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>Deductible, then $0 copay</td>
<td>Visit <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>Deductible, then $20 copay</td>
<td>Visit <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>Deductible, then $0 copay</td>
<td>Visit <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td></td>
<td>Hospice service</td>
<td>Deductible, then $0 copay</td>
<td>Visit <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>If you or your child needs dental or eye care</td>
<td>Routine eye exam (glasses only)</td>
<td>$0 copay</td>
<td>One exam per year</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>Discount offered through Aetna/EyeMed</td>
<td>Discount offered on glasses, frames and contacts. <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td></td>
<td>Dental check-up</td>
<td>Covered under dental plan</td>
<td>Visit <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
</tbody>
</table>

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Services Your Plan Does NOT Cover (This isn’t a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Dental care
- Artificial means of achieving pregnancy
- Long term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Long term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care

Your Rights to Continue Coverage:
If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact HR-Benefits at 305-284-3004 or Aetna at 1-800-824-6411. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272, or the U.S. Department of Health and Human Services at 1-877-267-2323, x-61565.

Your Grievance and Appeals Rights:
If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact Aetna at 1-800-824-6411.

Health Care Reform:
Does this coverage provide minimum essential coverage?
The ACA requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan does provide minimum essential coverage.

Does this coverage meet the minimum value standard?
The ACA establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

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About these examples: These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans. This is NOT a cost estimator. Don’t use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

### Having a Baby
(normal delivery)

- Amount owed to providers: $7,540
- Plan pays: $6,260
- Patient pays: $1,280

<table>
<thead>
<tr>
<th>Sample care costs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital charges (mother)</td>
<td>$2,700</td>
</tr>
<tr>
<td>Routine obstetric care</td>
<td>$2,100</td>
</tr>
<tr>
<td>Hospital charges (mother)</td>
<td>$900</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$900</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>$500</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$200</td>
</tr>
<tr>
<td>Radiology</td>
<td>$200</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,540</strong></td>
</tr>
</tbody>
</table>

**Patient pays:**
- Deductibles                        | $250  |
- Copays                             | $1,030 |
- Limits or exclusions               | $0    |
| **Total**                           | **$1,280** |

### Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- Amount owed to providers: $5,400
- Plan pays: $4,490
- Patient pays: $910

<table>
<thead>
<tr>
<th>Sample care costs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2,900</td>
</tr>
<tr>
<td>Medical Equipment &amp; Supplies</td>
<td>$1,300</td>
</tr>
<tr>
<td>Office Visits &amp; Procedures</td>
<td>$700</td>
</tr>
<tr>
<td>Education</td>
<td>$300</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>$100</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,400</strong></td>
</tr>
</tbody>
</table>

**Patient pays:**
- Deductibles                        | $250  |
- Copays                             | $660  |
- Limits or exclusions               | $0    |
| **Total**                           | **$910** |

*These numbers assume patient is participating in Aetna’s diabetes wellness program. Call 1-866-269-4500 for details.

**NOTE:** Costs don’t include premiums. Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan. All services and treatments started and ended in the same coverage period. There are no other medical expenses for any member covered under this plan. Out-of-pocket expenses are based only on treating the condition in the example. The patient received all care from in-network providers. To use Coverage Examples from other SBCs to compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?
- Costs don’t include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?
For each treatment situation, the Coverage Example helps you see how deductibles and copayments can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn’t covered or payment is limited.

Does the Coverage Example predict my own care needs?
No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor’s advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?
No. Coverage Examples are not cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?
Yes. When you look at the Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?
Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you’ll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as flexible spending arrangements (FSAs) that help you pay out-of-pocket expenses.

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Allowed Amount
Maximum amount on which payment is based for covered health care services. This may be called “negotiated rate.”

Complications of Pregnancy
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren’t complications of pregnancy.

Emergency Medical Condition
An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Services
Evaluation of an emergency medical condition and treatment to keep the condition from worsening.

Excluded Services
Health care services that your health insurance or plan doesn’t cover.

Generic Drug
A drug that is exactly the same as a brand-name drug, which is allowed to be produced after the brand-name drug’s patent has expired.

Grievance
A complaint that you communicate to your health insurer or plan.

Health Insurance
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care
Health care services a person receives at home.

Hospice Services
Services to provide comfort and support for persons in the last stages of a terminal illness, and their families.

Hospitalization
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

In-Network
When you visit a provider who has an agreement with Aetna, you are receiving “in-network” care. By using in-network providers, you pay less for health care.

Appeal
A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing
When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services.

Copayment
The flat dollar amount you pay when you receive medical care or prescription drugs.

Deductible
Expense you must incur before an insurer will assume any liability for all or part of the remaining cost of covered services.

Durable Medical Equipment (DME)
Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips.

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Medically Necessary
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider
A provider who doesn’t have a contract with your health insurer or plan to provide services to you. This plan does not cover services provided by non-preferred providers except in cases of emergency room services, emergency inpatient admissions and hospital-based providers.

Out-Of-Network
Health care providers who have not contracted with the health plan to provide services. This plan does not cover services provided by non-preferred providers except in cases of emergency room services, emergency inpatient admissions and hospital-based providers.

Out-Of-Pocket Limit
The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium or health care your insurance or plan doesn’t cover.

Plan
A benefit your employer, union or other group sponsor provides to you for your health care services.

Preferred Provider
A provider who has a contract with your health insurer or plan to provide services to you.

Preauthorization
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Premium
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly or biweekly.

Prescription Drug Coverage
Health insurance or plan that helps pay for prescription drugs and medication.

Provider
A physician (M.D. or D.O.), health care professional or health care facility licensed, certified or accredited as required by state law.

Specialist
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

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