



PACE UNIVERSITY
Effective Date: 01-01-2024
Open Access® Elect Choice® - New York
Qualified High Deductible Health Plan

PLAN DESIGN & BENEFITS
MEDICAL PLAN PROVIDED BY AETNA LIFE INSURANCE COMPANY



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THERAPY SERVICES	IN-NETWORK
Spinal manipulation therapy	10%; after deductible
Outpatient short -term rehabilitation	10%; after deductible
Limited to 90 visits per year	
Includes physical, occupational, and speech therapies.	
Habilitative physical therapy	10%; after deductible
Habilitative occupational therapy	10%; after deductible
Habilitative speech therapy	10%; after deductible
Autism related physical therapy	10%; after deductible
Autism related occupational therapy	10%; after deductible
Autism related speech therapy	10%; after deductible
Autism related behavioral therapy	10%; after deductible
These benefits are combined with outpatient mental health visits	
Autism related applied behavior analysis	
Your benefits for these services are the same as any other outpatient mental health other services benefit	

OTHER SERVICES	IN-NETWORK
Skilled nursing facility	10%; after deductible
Limited to 60 days per year	
When you're admitted into a facility for the care you need, your cost sharing amount counts toward all covered benefits you receive.	



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PHARMACY	IN-NETWORK
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Choose generics with dispense as written (DAW) override - Sometimes your physician may say you need a brand-



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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.

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