



PACE UNIVERSITY
Effective Date: 01-01-2025
Aetna Open Access® Aetna SelectSM
Qualified High Deductible Health Plan

PLAN DESIGN & BENEFITS



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic X-ray (Other than complex imaging services)	10%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
Diagnostic laboratory	10%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
Diagnostic complex imaging	10%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent care provider	10%; after deductible
Non-urgent use of urgent care provider	Not Covered
Emergency room	10%; after deductible
Non-emergency care in an emergency room	Not Covered
Emergency use of ambulance	10%; after deductible
Non-emergency use of ambulance	Not Covered
	IN-NETWORK



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Private duty nursing	Covered as part of home health care We count each period of up to 8 hours as one private duty nursing shift.
Durable medical equipment	10%; after deductible
Hearing aids	10%; after deductible Limited to 1 pair of hearing aids every 36 months.
Diabetic supplies -- (if not covered under the prescription drug benefit)	Covered same as any other medical expense. You pay your prescription drug cost sharing amount if you have prescription drug coverage. If not, you pay your PCP visit cost sharing amount.
Infusion therapy - home/office	10%; after deductible
Infusion therapy - outpatient hospital/freestanding facility	10%; after deductible
Gene-based, Cellular, and other Innovative Therapies (GCIT™)	Your cost sharing amount depends on the type of service and where you receive it. 10%; after deductible for gene therapy drugs, if applicable In-network coverage is provided at GCIT™ designated facilities only.
Transplants	10%; after deductible In-network coverage is only available at Institutes of Excellence (IOE) contracted facility.
Bariatric surgery	10%; after deductible When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.
Acupuncture	10%; after deductible Limited to 10 visits per year
FAMILY PLANNING	IN-NETWORK
Infertility treatment	Your cost sharing amount depends on the type of service and where you receive it. You have coverage for artificial insemination (AI) and the diagnosis and treatment of the underlying cause of infertility.
Advanced Reproductive Technology (ART)	10%; after deductible ART coverage includes in-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery, ovulation induction (OI), cryopreservation and storage. Maximum applies to all procedures covered by any of our plans except where prohibited by law.
Fertility preservation	10%; after deductible Includes coverage for cryopreservation for iatrogenic infertility



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Generic drugs

Retail



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For more information about Aetna plans, refer to www.aetna.com.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.

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