
-OF-NETWORK

Benefit limitations - Some service or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on January 1 (unless otherwise noted). Refer to your plan documents to learn more.

Deductible (per calendar year)	\$2,000 per Individual	\$4,500 per Individual
	\$4,000 per Family	\$9,000 per Family

Covered expenses in-network add up towards your in-network deductible. Covered expenses out-of-network add up towards your out-of-network deductible.

You must first meet the deductible before the plan begins paying benefits, unless otherwise noted.

The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription drug costs count toward the deductible. Refer to your plan documents for details.

Once you meet the family deductible, then all family members have met it for the rest of the year. There is no individual deductible for members of a family.

Member coinsurance	You pay 20%	You pay 40%
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Applies to all expenses except as noted.

Out-of-pocket limit (per calendar year)	\$4,000 per Individual	\$10,500 per Individual
	\$8,000 per Family	\$21,000 per Family

Covered expenses in-network add up towards your in-network out-of-pocket limit. Covered expenses out-of-network add up towards your out-of-network out-of-pocket limit.

Some of your cost sharing may not count toward the out-of-pocket limit.

Your pharmacy expenses count toward your out-of-pocket limit.

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YESHIVA UNIVERSITY
Effective Date: 01-01-2024
Aetna Choice® POS II -- ASC



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 Qualified High Deductible Health Plan

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

**We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much we pay for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, we limit the amount it will pay. This limit is called the "recognized" or "allowed" amount.

This amount is based on the out-of-network plan you or your employer picks.

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