

**Plan Name**  
**Network**

**Network Core Plan**  
**Open Access**  
**Aetna Select (formerly Elect Choice)**  
**In Network**

**In Network**

**Out of Network**

**Deductible**  
**Coinsurance**  
**Out of Pocket Maximum**  
**Prescription Drug Deductible**

**Pharmacy Maximum Out of Pocket**

**Prescription Drugs**

**Mail Order Prescription Drugs**  
**(Three (3) month Supply)**

**Inpatient Physical Therapy**

**Outpatient Physical Therapy**

**Hospice Care**

**Home Health Care**  
**(includes Outpatient Private Duty**  
**Nursing)**

**Skilled Nursing Facility**

**TMJ- Surgical and Non Surgical -**  
**Always excludes appliances &**  
**orthodontic treatment. Subject to**  
**medical necessity.**

