



California Institute of Technology
Effective Date: 01-01-2023

Indemnity Out of Area Plan

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

Routine Eye Exams 1 routine exam per 24 months.	Covered 100%; deductible waived	
Routine Hearing Screening	Covered 100%; deductible waived routine exam per 12 months	1
PHYSICIAN SERVICES		
Office Visits to non-Specialist Includes services of an internist, general physician, family practitioner or pediatrician.	20%; after deductible	
Specialist Office Visits	20%; after deductible	
Walk-in Clinics Walk-in Clinics are free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.	20%; after deductible	
Allergy Testing	20%; after deductible	
Allergy Injections	20%; after deductible	
DIAGNOSTIC PROCEDURES		
Diagnostic X-ray (other than Complex Imaging Services) If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	20%; after deductible	
Diagnostic Laboratory If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	20%; after deductible	
Diagnostic Outpatient Complex Imaging	20%; after deductible	
EMERGENCY MEDICAL CARE		
Urgent Care Provider	20%; after deductible	
Non-Urgent Use of Urgent Care Provider	Not Covered	
Emergency Room	20%; after deductible	
Non-Emergency Care in an Emergency Room	Not Covered	
Emergency Use of Ambulance	20%; after deductible	
Non-Emergency Use of Ambulance	Not Covered	
HOSPITAL CARE		
Inpatient Coverage Your cost sharing applies to all covered benefits incurred during your inpatient stay.	20%; after deductible	
Inpatient Maternity Coverage (includes delivery and postpartum care) Your cost sharing applies to all covered benefits incurred during your inpatient stay.	20%; after deductible	
Outpatient Hospital Expenses Your cost sharing applies to all covered benefits incurred during your outpatient visit.	20%; after deductible	
MENTAL HEALTH SERVICES		
Mental Health Inpatient Your cost sharing applies to all covered benefits incurred during your inpatient stay.	20%; after deductible	
Mental Health Office Visits Your cost sharing applies to all covered benefits incurred during your outpatient visit.	20%; after deductible	



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Other Mental Health Services	20%; after deductible
SUBSTANCE ABUSE	
Substance Abuse Inpatient	20%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Residential Treatment Facility	20%; after deductible
Substance Abuse Office Visits	20%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.	
Other Substance Abuse Services	20%; after deductible
OTHER SERVICES	
Skilled Nursing Facility	20%; after deductible
Limited to 100 days per calendar year. Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Home Health Care	20%; after deductible
Limited to 120 visits per calendar year.	
Hospice Care - Inpatient	20%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.	
Hospice Care - Outpatient	20%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.	
Autism Behavioral Therapy	20%; after deductible
Covered same as any other Outpatient Mental Health benefit	
Autism Applied Behavior Analysis	20%; after deductible
Covered same as any other Outpatient Mental Health Other Services benefit	
Autism Physical Therapy	20%; after deductible
Autism Occupational Therapy	20%; after deductible
Autism Speech Therapy	20%; after deductible
Outpatient Short-Term Rehabilitation	20%; after deductible
Spinal Manipulation Therapy	20%; after deductible
Limited to 20 visits per calendar year.	
Durable Medical Equipment	20%; after deductible
Diabetic Supplies	Covered same as any other expense.
Orthotics	20%; after deductible
Women's Contraceptive drugs and devices not obtainable at a pharmacy	100% covered; after deductible
Affordable Care Act mandated Women's Contraceptives	100% covered; after deductible
Transplants	20%; after deductible
Bariatric Surgery	Not Covered
Acupuncture	20%; after deductible
Limited to 20 visits per year	
FAMILY PLANNING	
Infertility Treatment	Your cost sharing is based on the type of service and where it is performed Diagnosis and treatment of the underlying medical condition only.



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Comprehensive Infertility Services	Not Covered
Advanced Reproductive Technology (ART)	Not Covered
In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	
Tubal Ligation	100% No Deductible/No Copay applied including associated ancillary services
Vasectomy	20%; after deductible



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PHARMACY

Pharmacy Plan Type: Advanced Control Plan - Aetna

Preferred Generic Drugs:

Retail	0%	0%
Mail Order	0%	Not covered

Preferred Brand-Name Drugs:

Retail	25% Maximum copay of \$250	25% Maximum copay of \$250
Mail Order	25% Maximum copay of \$500	Not Covered

Non-Preferred Generic Brand-Name Drugs:

Retail	50% Maximum copay of \$250	50% Maximum copay of \$250
Mail Order	50% Maximum copay of \$500	Not Covered

Pharmacy Day Supply and Requirements

Retail	Up to a 30-day supply from Aetna National Network Percentage copays will not be doubled
Mail Order	A 31-90-day supply from CVS Caremark® Mail Service Pharmacy
Specialty	Up to a 30-day supply First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through our preferred specialty pharmacy network. Advanced Control Formulary Aetna Insured List

Choose Generics with Dispense as Written (DAW) override - The member pays the applicable copay. If the physician requires brand-name, member would pay brand-name copay. If the member requests brand-name when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand-name price.

Plan Includes: Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy.

GENERAL PROVISIONS



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Dependents Eligibility Spouse, children from birth to age 26 regardless of student status.

Pre-existing Conditions Exclusion On effective date: Waived
After effective date: Waived

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial 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.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents;

Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan.

With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a



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subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are administered by Aetna Life Insurance Company.
