NewYork-Presbyterian
Your Total Rewards

2022 NYP Medical Plans: Aetna

PLAN PROVISION	EXCLUSIVE PROVIDER ORGANIZATION (EPO) AND POINT OF SERVICE (POS)	POINT OF SERVICE (POS)
	In-Network Services	Out-of-Network Services
Primary Care Physician	No Primary Care Physician Required	No Primary Care Physician Required
Annual Deductible*	Not Applicable	Individual: $750 Family: $1,875
Annual Out-of-Pocket Maximum	Individual: $3,175 Family: $6,350	Individual: $4,500 Family: $11,250
Lifetime Maximum	Unlimited	Unlimited
In-Patient Hospital (Precertification Required)	$100/day copay; max $300 per admission	Subject to deductible and 30% coinsurance
Office Visits	Covered at 100% after: $25/primary care visit; $35/specialist visit**	Subject to deductible and 30% coinsurance
Preventive Care	Covered at 100% for routine physicals, well-women and well-child care to age 19	Subject to deductible and 30% coinsurance
Radiology Services	Covered at 100% after: $25/primary care visit; $35/specialist visit**	Subject to deductible and 30% coinsurance
NYP Virtual Urgent Care	$0 copay	Not applicable
Urgent Care Facility	$35 copay	Subject to deductible and 30% coinsurance
Emergency Services	$150 copay (waived if admitted within 24 hours)	$150 copay (waived if admitted within 24 hours)
Maternity	Covered at 100%***	Subject to deductible and 30% coinsurance
Infertility Treatment	Covers infertility treatment for medically necessary diagnostic tests and certain procedures (subject to copay)	Covers infertility treatment for medically necessary diagnostic tests and certain procedures (subject to deductible and coinsurance)
In-Vitro Fertilization (IVF)	Not covered	Total lifetime maximum of $30,000 Services are covered only if provided by NYP/Weill Cornell, 646-962-3245 or NYP/Columbia, 646-756-8282
Mental Health Services (Precertification Required for in-patient only)	Covered at 100% after: $25 copay/primary care visit; $35 copay/specialist visit**	Subject to deductible and 30% coinsurance
Substance Abuse Services (Precertification Required)	Covered at 100%; 30 days/year rehabilitation, unlimited detox	Subject to deductible and 30% coinsurance; 30 days/year rehabilitation, unlimited detox
Physical Therapy Services (Precertification Required)	In-patient: Covered at 100%, 30 days/year*** Out-patient: $25/primary care visit; $35 specialist/per visit; 60 visits/year***	Subject to deductible and 30% coinsurance
Acupuncture	$0 copay for first 25 visits in calendar year; $25/visit thereafter	Subject to deductible and 30% coinsurance
Vision Care	Vision exam, lenses for glasses, frames, contact lenses (in lieu of lenses and frames): covered once every 24 months; copay applies.	Limited services; contact Aetna EyeMed
Prescription Coverage (Generic / Brand-Name Formulary / Brand-Name Non-Formulary)	**Retail (30-day supply and one refill):** $10 / $30 / 40% up to $120 max copay/prescription	No out-of-network coverage
	Mail Order (90-day supply for maintenance medication): $20 / $60 / 40% up to $240 max copay/prescription	

* *If only one dependent is covered in addition to the employee, each member is subject to an Individual deductible. For Employee + Family coverage, each family member is subject to an Individual deductible until the aggregate Family deductible is met.*

** *All visits to a provider other than a Primary Care Physician or Emergency Department will be subject to the $35 specialist copay.*

*** *In-patient copay applies to hospital admission.*