



Aetna Open Access® Aetna SelectSM (EPO)
Effective Date: 01-01-2026
Administered by Aetna Life Insurance Company - Self Funded

Summary of Benefits

NYU Langone Health - Aetna EPO Plan

EPO Plan In-Network Only - No Out of Network Coverage

Benefit	NYULH Top Tier	Aetna National Network Tier
Lifetime Maximum	Unlimited	Unlimited
Deductible - Per calendar year	Individual: \$0 Employee + 1: \$0 Family: \$0	Individual: \$500 Employee + 1: \$1,000 Family: \$1,500
Coinsurance	95%	90%
Out-Of-Pocket Maximum Covered expenses in NYULH Top Tier and Aetna Tier cross apply. Deductible and Copays accumulate toward out of pocket maximum. No one person will have to pay more than the individual out of pocket maximum.	Individual: \$2,000 Employee + 1: \$4,000 Family: \$6,000	Individual: \$3,500 Employee +1: \$7,000 Family: \$10,500
Referral Requirement	Not Required	Not Required
Dependent Children Covered until the end of the month of the dependent's birthday.	Age 26	Age 26
Covered Preventive Care	NYULH Top Tier	Aetna National Network
Annual Physical Exam/Immunizations- 1 routine adult physical exam per calendar year	Covered 100%	Covered 100%
Routine Well-Child Exams/Immunizations Frequency limits are in accordance with American Academy of Pediatrics guideline	Covered 100%	Covered 100%
Preventive Well-Woman Care 1 routine well woman exam per calendar year	Covered 100%	Covered 100%
Routine Pre-Natal Maternity	Covered 100%	Covered 100%
Routine Hearing Screening	Covered 100%	\$30 copay ; no deductible
Routine Eye Exam	Not Covered	Not Covered
Physician Services	NYULH Top Tier	Aetna National Network
Primary Care Visit Includes services of an internist, general physician, family practitioner or pediatrician	Covered 100%	\$30 copay ; no deductible
Specialist Office Visit	Covered 100%	\$30 copay ; no deductible
Second Surgical Opinion	Same as any other office visit	Same as any other office visit
NYULH Langone Virtual Urgent Care For appointments: Website: https://nyulangone.org/locations/virtual-urgent-care Phone : 929-455-6409	Covered 100%	n/a
Emergency Medical Care	NYULH Top Tier	Aetna National Network
Urgent Care Center	\$40 copay; no deductible	\$40 copay; no deductible
Emergency Room/Facility (initial visit per occurrence)	\$150 copay (Waived if admitted within 24 hours)	\$150 copay (Waived if admitted within 24 hours)
Non Emergency Use of Emergency Room	Covered the same as emergent use	Covered the same as emergent use
Ambulance - Covers medically necessary transport. Ground ambulance for member convenience or for non-clinical reasons is not covered.	Covered 100%	Covered 100%
Diagnostic Procedures	NYULH Top Tier	Aetna National Network
Laboratory Testing When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	Covered 100%	\$10 copay ; no deductible
X-rays When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	95% no deductible	90% after deductible
Complex Imaging MRI/MRA, CAT Scan, PET & Nuclear Cardiology	95% no deductible	90% after deductible
Hospital Care	NYULH Top Tier	Aetna National Network
Hospital Inpatient Per Admission	95% no deductible-No Per Confinement Copay	90% after deductible, \$600 Per Confinement Copay
Surgery, Surgical Assistant, Anesthesia	95% no deductible	90% after deductible

Inpatient Maternity Coverage Separate deductible applies for newborn and birthing parent. No inpatient copay applies for either newborn or birthing parent.	95% no deductible-No Per Confinement Copay	90% after deductible-No Per Confinement Copay
Outpatient Surgery (Performed in outpatient dept. of hospital or ambulatory surgery center setting without an overnight stay)	95% no deductible	90% after deductible, then \$500 copay
Mental Health	NYULH Top Tier	Aetna National Network
Inpatient Care	95% no deductible	90% after deductible, \$600 Per Confinement Copay
Mental Health Office Visits	Covered 100%	\$30 copay; no deductible
Outpatient Facility Visits	Covered 100%	\$30 copay; no deductible
Substance Abuse	NYULH Top Tier	Aetna National Network
Inpatient Detoxification / Rehabilitation	Covered 100%	Covered 100%
Residential Treatment Facility	Covered 100%	Covered 100%
Outpatient Office Visits	Covered 100%	Covered 100%
Other Services	NYULH Top Tier	Aetna National Network
Home Healthcare (Up to 200 visits per calendar year)	95% no deductible	90% after deductible
Skilled Nursing Facility (200 days per calendar year)	95% no deductible	90% after deductible
Hospice Care	95% no deductible	90% after deductible
Outpatient Short Term Rehab- Physical Therapy, Occupational Therapy and Speech Therapy (Up to 60 visits per therapy per calendar year combined in home, office or outpatient facility)	Covered 100%	\$30 copay ; no deductible
Habilitative- Physical Therapy, Occupational Therapy and Speech Therapy	Covered 100%	\$30 copay ; no deductible
Autism Related Physical Therapy, Occupational Therapy and Speech Therapy	Covered 100%	\$30 copay ; no deductible
Autism related applied behavior analysis	Covered 100%	\$30 copay ; no deductible
Chiropractic Care	Covered 100%	\$30 copay ; no deductible
Acupuncture (30 visits per calendar year)	Covered 100%	100% no deductible, no copay
Home Infusion Therapy	95% no deductible	90% after deductible
Cardiac Rehabilitation	Covered 100%	\$30 copay ; no deductible
Kidney Dialysis	95% no deductible	90% after deductible
Allergy Care Routine Testing and Treatment- Allergy Injections/Immunotherapy (Copay Applies to Office Visit Only, Copay Waived for Testing & Treatments)	Covered 100%	\$30 copay ; no deductible
Durable Medical Equipment	Covered 100%	Covered 100%
Prosthetics & Orthotics (INCLUDES foot orthotics, orthopedic shoes and supportive devices of the feet)	Covered 100%	Covered 100%
Comprehensive Infertility Services Third Party Infertility Vendor	PROGYNY	PROGYNY