MTA New York City Transit Authority
Spring Creek Local 1181 and SIRTOA TCU

Effective Date: 01-01-2023
Aetna Select Option
National Network

PLAN DESIGN & BENEFIT OVERVIEW
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

BENEFIT	IN-NETWORK
Medical Deductible	None
Hospital Deductible	None
Member Coinsurance	None
Coinsurance Limit	None
Maximum Out of Pocket	Not Applicable
Lifetime Maximum	Unlimited
PCP/ Referral Requirement	None
MEDICAL SERVICES	**IN-NETWORK**
Preventive Care Physical Exams, eye exams well woman, immunizations, diagnostic screenings	No copayment
Routine Well Child Exams/Immunizations	No copayment
PCP Office Visits	No copayment
Specialist Office Visit	No copayment
Second Surgical Opinion	No copayment
INPATIENT HOSPITAL SERVICES	**IN-NETWORK**
Inpatient Hospital (Semi- private room and board)	No copayment
Inpatient Obstetrical Care (Includes delivery, postpartum care and routine newborn nursery care)	No copayment
Surgery, Surgical Assistant, Anesthesia and Oxygen	No copayment
Pre-Admission Testing	No copayment
OUTPATIENT HOSPITAL SERVICES	**IN-NETWORK**
Ambulatory/Outpatient Surgery	No copayment

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EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care Services	No copayment
Emergency Room	$100 copayment
Emergency Use of Land Ambulance	No copayment
Emergency Use of Air Ambulance	No copayment
MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE SERVICES	**IN-NETWORK**
Inpatient Coverage (Semi-private room and board)	No copayment
Outpatient	No copayment
DURABLE MEDICAL EQUIPMENT (DME)	**IN-NETWORK**
Deductible/Copayment (**e.g.** hospital beds, oxygen, oxygen equipment, wheelchairs, PAP devices and supplies, diabetic pumps and supplies, catheters, artificial arms, legs, eyes, ears)	No copayment. Subject to allowed amount **AFTER** $100 deductible* per person per calendar year
HOME HEALTHCARE	**IN-NETWORK**
Home Healthcare Visits 200 visits per calendar year One visit equals up to 4 hours of care	No copayment
Home Infusion Therapy	No copayment

***DME $100 deductible not applicable to Positive Airway Pressure (PAP) devices, PAP supplies, insulin pump and insulin pump supplies**

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ADDITIONAL BENEFITS	IN-NETWORK
Hospice Care	No copayment
Diagnostic Procedures **X-rays, Radium and Radionuclide** **MRIs/MRA, PET/CAT scans** **Laboratory tests**	No copayment
Allergy Office, testing and treatment	No copayment
Physical/Occupational Therapy 90 visits per calendar year	No copayment
Speech/Language Therapy 90 visits per calendar year	No copayment
Cardiac Rehabilitation	No copayment
Chemotherapy/Radiation Therapy	No copayment
Kidney Dialysis	No copayment
Ear Coverage Treatment for disease and injury of the ears	No copayment
Chiropractic Care Unlimited visits. Pre-certification required after 20th visit	No copayment
Podiatric Services Routine services, such as removal of corns are not covered	No copayment
Family Planning Services Tubal Ligation and Vasectomy	No copayment
Infertility Care	No copayment
Advanced Reproductive Technologies in-Vitro fertilization ZIFT/GIFT/ICIS (3 cycles per lifetime)	No copayment