



MTA New York City Transit Authority

Effective Date: 01-01-2017

Aetna Select Option

**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
Preventative 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
Surgery, Surgical Assistant, Anesthesia and Oxygen	No copayment
Pre-Admission Testing	No copayment
Routine Newborn Nursery Care	No copayment
Obstetrical Care	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	No 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	No copayment
Outpatient	No copayment
Unlimited number of medically necessary visits	
DURABLE MEDICAL EQUIPMENT (DME)	IN-NETWORK
Deductible	\$100 per person per calendar year
Prosthetics (artificial arms, legs, eyes, ears)	No copayment
Medical Supplies (i.e. hospital beds, oxygen, oxygen equipment, wheelchairs, diabetic pumps, pump supplies, catheters)	No Copayment
HOME HEALTHCARE	IN-NETWORK
Deductible	N/A
Visits	No Copayment 200 visits per calendar year. A visit equals up to 4 hours of care
Hospice Care	No copayment
HOSPICE CARE	IN-NETWORK
Deductible	N/A
Visits	No copayment Up to 210 days per lifetime



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ADDITIONAL BENEFITS	
Diagnostic Procedures X-rays, Radium and Radionuclide MRIs/MRA, PET/CAT scans Laboratory tests	No copayment
Allergy Office, testing and treatment	No copayment
Physical Therapy 90 visits per calendar year subject to pre-certification	No Copayment
Speech/Language Therapy 90 visits per calendar year subject to pre-certification	No Copayment
Occupational Therapy 90 visits per calendar year subject to pre-certification	No Copayment
Cardiac Rehabilitation	No Copayment
Chemotherapy/Radiation Therapy	No copayment
Kidney Dialysis	No copayment
Chiropractic Care	No copayment
Family Planning Services Tubal Ligation and Vasectomy	No Copayment