



IMPORTANT NEWS

about your Benefits



Please see the information below regarding the changes effective August 1, 2017.

ABOUT THE AETNA MEDICAL TRANSITION:

For NTU Members, please see your new Aetna PPO 2020 medical plan overview on the reverse side of this flyer.

ID Card Changes

- NTU Members will receive a new Aetna Medical ID card.
- As a reminder, the Aetna website and mobile app information is available below for the medical benefits:
 - You can print a temp ID card and sign up for the member website on Aetna's website at www.aetna.com. You can also learn more about the Aetna Mobile App at www.aetna.com/mobile

ABOUT THE BENECARD PRESCRIPTION DRUG TRANSITION:

For NTU Members, your new prescription co-payment is reflected below:

Retail Pharmacy (34 days or 100 units, whichever is greater)

- \$0 for a Generic Equivalent Medication
- \$20 for a Brand Name Medication

Mail Order Pharmacy (up to 90-day supply)

- \$0 for a Generic Equivalent Medication
- \$20 for a Brand Name Medication

ID Card Changes

NTU Members will NOT receive a prescription ID card.

Medical - Call Aetna at **855-223-8791** or visit **www.aetna.com**

Prescription - Call **Benecard** at **1.877.723.6005** or visit **www.benecardpbf.com**

NPS PPO 2020

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum		Unlimited
Deductible (Individual/Family)	None	\$200 / \$500
After deductible, plan pays	100%	70%
Maximum Out of Pocket Payment Limit (Individual/Family)	\$800 / \$1,600	\$5,000 / \$12,500
Primary Care Physician Selection	Not Required	
Preventive Care		
Routine Adult Physician Exams / Immunizations	100%	70% (no deductible)
Routine Well Child Exams / Immunizations	100%	child immunizations only
Routine Gynecological Care Exams	100%	70% (no deductible)
Routine Mammograms	100%	70% (no deductible)
Physician's Office Visits		
Primary Care Services	\$20 copay	70% after deductible
Specialist Services	\$20 copay A referral is not required to visit a specialist.	70% after deductible A referral is not required to visit a specialist.
Maternity OB Visits	\$20 copay First visit only	70% after deductible
Allergy Testing and Treatment	100%	70% after deductible
Diagnostics Procedures		
Laboratory*	100% in office or Quest Diagnostics	70% after deductible
Outpatient X-Ray/Radiology Services	100%	70% after deductible
Emergency Medical Care		
Emergency Room	100% after \$100 facility copay (Copay waived if admitted)	
Ambulance	90%	90% deductible waived
Hospital Care		
Inpatient coverage	100%	70% after deductible
Outpatient Surgery	100%	70% after deductible
Mental Health Services		
Alcohol/Drug Abuse Services	Same as any other illness; benefit depends on place of service	
Other Services		
Skilled Nursing Facility	100% Limited to 120 days per benefit period The overall maximum per benefit period is 120 days combined In- & Out-of-Network	70% after deductible Limited to 60 days per benefit period
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	100% after \$20 copay	70% after deductible
Chiropractic Care	100% after \$20 copay 30 visit maximum per benefit period	70% after deductible
Prescription Drugs (BeneCard)		

* Quest Diagnostics is the Preferred Provider for Laboratory benefits