



**Group Insurance Plan of Benefits for
Group Health & Life Insurance Trust Fund (Control # 840366)
administered by Aetna International®
Effective Date: January 1, 2021**

Eligibility Provision			
Employee	Regular full-time active employees of the CNMI Government working a minimum of 20 hours per week and Retirees/Surviving Spouses of the CNMI Government.		
Dependent	Spouse, same or opposite sex domestic partner; children up to age 26, regardless of student status		
PPO – High Option			
		In the U.S., CNMI and Guam	
PLAN FEATURES	OUTSIDE THE U.S. CNMI and GUAM	Preferred Benefits (In-Network) (U.S., CNMI and Guam)	Non-Preferred Benefits (Out-of-Network) (U.S., CNMI and Guam)
Individual Deductible	None	\$500 per calendar year	\$1,500 per calendar year
Family Deductible	None	\$1,500 per calendar year	\$4,500 per calendar year
Prior Plan Credit	Prior plan credit accrued within the first two months of the current year from January through February applies to the following months of the current year.		
Individual Payment Limit <i>(Does not include precertification penalty. Includes Outpatient Prescription Drugs when outside the U.S. Includes deductible, copays, 50% items and Outpatient Prescription Drugs when inside the U.S. in the network)</i>	\$6,500 per calendar year	\$6,500 per calendar year	\$10,000 per calendar year
Family Payment Limit <i>(Does not include precertification penalty. Includes Outpatient Prescription Drugs when outside the U.S. Includes deductible, copays, 50% items and Outpatient Prescription Drugs when inside the U.S. in the network)</i>	\$19,500 per calendar year	\$19,500 per calendar year	\$30,000 per calendar year
Lifetime Maximum	Unlimited		
Member Payment Percentages			
Hospital Services			
Inpatient	20%	20% after deductible	50% after deductible
Outpatient	20%	20% after deductible	50% after deductible
Private Room Limit	The institution's semiprivate rate.		
Pre-certification Penalty	No Penalty	No Penalty	No Penalty
Non-Emergency Use of the Emergency Room	20%	50% after deductible	50% after deductible
Emergency Room	20%	20% after deductible	20% after deductible
Non-Urgent Use of Urgent Care Provider	20%	Not Covered	Not Covered
Urgent Care	20%	20% after deductible	50% after deductible
Inpatient Maternity Coverage	20%	20% after deductible	50% after deductible
Physician Services			
Physician Office Visit	20%	20% after deductible	50% after deductible
Specialist Office Visit	20%	20% after deductible	50% after deductible
Allergy Testing & Treatment	20%	20% after deductible	50% after deductible
Allergy Serum & Injection	20%	20% after deductible	50% after deductible

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet-Certificate, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.



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Mental Health Services			
Mental Health Inpatient Coverage <i>Unlimited days per calendar year</i>	20%	20% after deductible	50% after deductible
Mental Health Outpatient Coverage <i>Unlimited visits per calendar year</i>	20%	20% after deductible	50% after deductible
Alcohol/Drug Abuse Services			
Substance Abuse Inpatient Coverage <i>Unlimited days per calendar year</i>	20%	20% after deductible	50% after deductible
Substance Abuse Outpatient Coverage <i>Unlimited visits per calendar year</i>	20%	20% after deductible	50% after deductible
Prescription Drug Coverage			
Preferred Generic Drugs <i>(365 day maximum supply)</i>	20%	20% (includes Mail Order Drugs)	50% after deductible
Preferred Brand Name Drugs <i>(365 day maximum supply)</i>	20%	20% (includes Mail Order Drugs)	50% after deductible
Non-Preferred Brand Name Drugs <i>(365 day maximum supply)</i>	20%	50% (includes Mail Order Drugs)	50% after deductible

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Other Services			
Skilled Nursing Facility (60 Days per calendar year per calendar year)	20%	20% after deductible	50% after deductible
Hospice Care Facility Inpatient (30 Days lifetime maximum)	20%	20% after deductible	50% after deductible
Hospice Care Facility Outpatient (Unlimited lifetime maximum)	20%	20% after deductible	50% after deductible
Durable Medical Equipment (Unlimited calendar year maximum)	20%	20% after deductible	50% after deductible
Home Health Care (150 visits combined, includes Private Duty Nursing per calendar year)	20%	20% after deductible	50% after deductible
Spinal Disorder Treatment (15 visits per calendar year)	20%	20% after deductible	50% after deductible
Short-Term Rehabilitation (Includes coverage for Occupational, Physical and Speech Therapies; 20 Visits combined maximum visits per calendar year)	20%	20% after deductible	50% after deductible
Diagnostic Outpatient X-ray and Lab	20%	20% after deductible	50% after deductible
Base Infertility Services (Base plan coverage includes coverage limited to the testing and treatment of underlying condition)	20%	20% after deductible	50% after deductible
Payment for Non-Preferred Providers*	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare

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Wellness Benefits			
Routine Children Physical Exams <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	No charge	No charge	Not covered
Routine Adult Physical Exams <i>Adults age 22-65 and 65+: 1 exam every 12 months</i>	No charge	No charge	Not covered
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	No charge	No charge	Not covered
Mammograms <i>(Unlimited visits per calendar year)</i>	No charge	No charge	Not covered
Prostate Specific Antigen (PSA) <i>(Unlimited tests per calendar year)</i>	No charge	No charge	Not covered
Digital Rectal Exam (DRE) <i>(Unlimited exams per calendar year)</i>	No charge	No charge	Not covered
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years</i>	No charge	No charge	Not covered
Routine Hearing Exam <i>Includes one routine exam every 24 months.</i>	No charge	No charge	Not covered
Hearing Aids <i>1 hearing aid per ear to \$750 maximum per ear every 5 years</i>	20%	20% after deductible	50% after deductible
Vision Care			
Routine Eye Exam <i>(Covered under medical) Includes one routine exam every 24 months</i>	No charge	No charge	Not covered

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Services and Programs Included in Your Plan

	Employee Assistance Program (EAP) Our EAP helps members balance the demands of work, life and personal issues. Whether it's finding balance between work and life, dealing with the loss of a loved one, managing anxiety or depression, or parenting advice, EAP offers free, confidential support delivered by qualified counselors. Includes up to 5 counseling sessions per issue per year per enrolled member.
	International Care Management Program Led by our clinical Care and Response Excellence (CARE) team, our program supports everything from clinical precertification and pre-trip planning, to acute and chronic care management, and much more. With one-on-one assistance from a clinician, we offer personalized, culturally relevant support no matter where members are in the world.
	International Maternity Management Program Offers resources and personalized tools throughout pregnancy, delivery and post-partum care, delivered by our dedicated CARE team. Focused case management for tobacco cessation, pre-term labor, and other pregnancy risk factors.
	Aetna Security Assistance, powered by WorldAware (Program is underwritten by Aetna Life & Casualty - (Bermuda) Ltd.) Includes 24/7 access to personalized safety advice from multilingual representatives. WorldAware's travel security website has extensive country and city intelligence reports to help members understand what risks may be present around the world.
	Well-being Assessment** This personalized, online health and wellness program includes a suite of online health coaching programs in addition to a health assessment. The program encourages participants to identify and reduce health risks and improve and maintain healthy lifestyles, with a focus on prevention and long-term success.
	Pharmacy Shipping We make sure members can fill their prescriptions quickly, safely and easily with our pharmacy shipping solutions. We help coordinate medication management for members preparing for assignments or travel, as well as offering a 90-day supply of maintenance medicine delivered directly to the member's home.
	Teladoc*** Gives members access to a national network of certified physicians right at their fingertips, through phone and online-video consultations.
	24-Hour Nurse Line** Provides 24-hour telephone, email and chat access to experienced registered clinicians to help members make informed health care decisions on a variety of health topics.
	Member Offers (discount program) Our Member offers gives members choice and flexibility in their day-to-day life. They get a variety of discounts on products and services that keep them healthy, fit and help them save money. In addition to offers on personal wellness products and services, we also offer deals on everyday needs such as travel, tickets, car rentals, electronics and more.
<p><i>*Services and resources may vary depending on member location.</i></p> <p><i>** Available to members in the U.S. only</i></p>	

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Medical Plan Caveats

This plan includes coverage under the extent required in accordance with the Federal Mental Health Parity and Addiction Equity Act (MHPAEA) beginning with plan years starting on or after January 1, 2018.

This plan includes coverage for women's preventive health benefits to the extent required under U.S. federal law effective beginning with plan years starting on or after August 1, 2012.

Payment limits apply per individual on a calendar year basis. Only those out-of-pocket expenses resulting from the application of a payment percentage, deductibles and copays may be used to satisfy the payment limit. Precertification penalty are excluded from the payment limit.

There is cross-application between calendar year deductible, out of pocket maximum and lifetime maximum across overseas, in-network and out-of-network level of benefits.

Coverage maximums up to a certain number of days/visits per calendar year are reached by combining the Preferred and Non-Preferred benefits up to the limit for either one plan or the other, but not both. (Example, if the Preferred benefit is for 120 days and the Non-Preferred benefit is for 120 days, the maximum benefit is 120 days, not 240 days).

Maternity expenses are covered as any other medical expense. Coverage is provided for an employee and spouse and all female family members. Pregnancy benefits do not continue to be payable after coverage ends except in the event of total disability.

For contracted hospitals, the non-contracted Radiologist, Anesthesiologist and Pathologist (RAPS) are paid at the preferred level, and will be subject to reasonable and customary charges. Note that this payment method may apply to other providers.

*** Payment for Non-Preferred Providers**

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.

Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes" or "allows." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

*This is only a brief summary of the PPO Medical benefits available. Some restrictions may apply. For more specific information about the coverage details, **including limitations, exclusions and other plan requirements**, please refer to the employee booklet (which will be provided near the time the plan becomes effective).*

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For Plans Compliant with United States Federal Affordable Care Act (ACA) legislation

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços lingüísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.