



Yeshiva University
Effective Date: 01-01-2025
Aetna Choice® POS II --





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Aetna Choice® POS II -- ASC
Qualified High Deductible Health Plan





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Maintenance drugs are prescriptions commonly used to treat conditions that require regular, daily use of medicines.

If you take a maintenance drug, you can get two retail fills.

Then you must fill a 31-90-day supply of the maintenance drug at CVS Caremark® Mail Service Pharmacy, a designated network pharmacy, or a CVS Pharmacy®.

If you do not, you will need to pay 100% of the drug cost.

You must notify us if you want to continue to fill the medicine at a network retail pharmacy. Just call the number on the member ID card.

You can get up to a 30-day supply of specialty drugs

You must fill all specialty drugs through our preferred specialty pharmacy network.

Aetna Specialty Performance Network Drug List

~ Prescription weight loss drugs

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~ Affordable Care Act (ACA) eligible preventive medications and contraceptives
Refer to _____ for a complete list of eligible prescription drugs.

Some covered prescription drugs need approval from us before we will cover the drug.

To get the most up-to-date precertification requirements, see your plan documents or go online to your member website.

Spouse, children from birth to age 26. Student status of children does not matter.

**We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much we pay 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.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your 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, we limit the amount it will pay. This limit is called the "recognized" or "allowed" amount.

This amount is based on the out-of-network plan you or your employer picks.

external database.

nt is based on the Facility Fee Schedule.



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Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes." Your doctor may bill you for the dollar amount that we don'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 out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit our website.

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