College Choice Health Plan (CCHP) Benefits

College Choice Health Plan (CCHP) members may choose any physician or hospital for medical services; however, when receiving services from a CCHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. CCHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the CCHP. For a copy of the SPD, contact the plan administrator (see page 8).

Plan Year Deductible	
In-Network Individual $750 per enrollee	Out-of-Network Individual $750 per enrollee

Out-of-Pocket Maximum Limits			
In-Network Individual $1,500	In-Network Family $3,000	Out-of-Network Individual $4,500	Out-of-Network Family $9,000

Hospital Services *(Percentages listed represent how much is covered by the plan)*		
	In-Network	**Out-of-Network***
Emergency Room Services	$400 per visit; Deductible applies	$400 per visit; Deductible applies
Inpatient Hospitalization	80% covered; Deductible applies after $250 per admission	60% of allowable charges; Deductible applies after $500 per admission
Inpatient Alcohol and Substance Abuse	80% covered; Deductible applies after $250 per admission	60% of allowable charges; Deductible applies after $500 per admission
Inpatient Psychiatric Admission	80% covered; Deductible applies after $250 per admission	60% of allowable charges; Deductible applies after $500 per admission
Outpatient Surgery	80% covered; Deductible applies	60% of allowable charges; Deductible applies
Skilled Nursing Facility	80% covered; Deductible applies	60% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	80% covered; Deductible applies	60% of allowable charges; Deductible applies

Transplant Services	
Organ and Tissue Transplants	80% after $250 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Not covered for out-of-network. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.

Professional and Other Services		
	In-Network	**Out-of-Network***
Preventive Care/Well-Baby/Immunizations	100% covered	60% covered; Deductible applies
Physician Office Visit	80% covered; Deductible applies	60% covered; Deductible applies
Specialist Office Visit	80% covered; Deductible applies	60% covered; Deductible applies
Telemedicine	$10 copayment; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	80% covered; Deductible applies	60% covered; Deductible applies
Durable Medical Equipment	80% covered; Deductible applies	60% covered; Deductible applies
Home Health Care	80% covered; Deductible applies	60% covered; Deductible applies

Prescription Drugs

Preventive Prescription Drugs – $0

	Tier I	Tier II	Tier III	Specialty Tier
Copayments (30-day supply)	$12.50	$25.00	$50.00	$100.00
Copayments (90-day supply)	$25.00	$50.00	$100.00	$200.00
Maintenance Choice (90-day supply)**	$12.50	$25.00	$50.00	–

* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.

** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.