Customer Legal Name	Hofstra University
Control Number	286535
Effective date	1/1/2027
BENEFIT PROVISIONS	**Indemnity Medical**
Product Type: (Aetna Product Name)	Traditional Choice
Dependent Children (covered to end of month)	Dependents to age 26
MEMBER COST SHARING	**In & Non-Network**
Lifetime Maximum	Unlimited
Medical Individual Deductible	$500
Medical Family Deductible	$1,000
Prescription Individual Deductible	$0
Prescription Family Deductible	$0
Plan Coinsurance (plan pays %)*	80%
Medical Individual Payment Limit (includes deductible)	$4,000 per person
Prescription Individual Payment Limit	No Limit
Prescription Family Payment Limit	No Limit
Physician's Office Visit	80% after deductible
Specialist Office Visit	80% after deductible
PREVENTIVE CARE	**In & Non-Network**
Adult Routine Physical Exam (RPE) Cost Sharing	100% no deductible
Preventive Well Woman Care	100% no deductible
DIAGNOSTIC PROCEDURES	**In & Non-Network**
Outpatient Diagnostic X-ray and Lab	80% after deductible
Complex Imaging Services: MRIs, CAT Scans, etc.	80% after deductible
EMERGENCY MEDICAL CARE	**In & Non-Network**
Urgent Care Facility	80% after deductible
Emergency Room	80% no deductible
Ambulance	80% no deductible
HOSPITAL CARE	**In & Non-Network**
Inpatient Hospital	100% no deductible first 180 days per year (first 90 days Medicare / second 90 days Aetna)
Inpatient Per Confinement Copay	None
Outpatient Hospital Expenses	100% no deductible
MENTAL HEALTH & SUBSTANCE ABUSE	**In & Non-Network**
Inpatient Mental Disorders	100% no deductible first 180 days per year (first 90 days Medicare / second 90 days Aetna)
Inpatient Substance Abuse Disorder	100% no deductible first 180 days per year (first 90 days Medicare / second 90 days Aetna)

Customer Legal Name	Hofstra University
Control Number	286535
Outpatient Mental Disorders: Therapy visits	80% after deductible
Outpatient Substance Abuse Disorder: Therapy visits	80% after deductible
OTHER COVERED SERVICES	**In & Non-Network**
Skilled Nursing Facility / Short-Term Rehab Facility	100% no deductible
SNF /STRF Maximum	100 days per year
Home Health Care	80% after deductible
HHC Maximum	240 visits per year
PDN Maximum	Combined with Home Health Care maximum
Hospice Care (Inpatient & Outpatient)	100% no deductible
Inpatient Hospice Lifetime Maximum	210 days per calendar year
Anesthesiology	80% after deductible
Durable Medical Equipment	80% after deductible
THERAPY SERVICES	**In & Non-Network**
Chiropractic	80% after deductible
Chiropractic Maximum	20 visits per year
Outpatient Short-Term Rehabilitation	80% after deductible
STR Maximum	30 visits per year for physical therapy, 30 visits per year for occupational and speech therapy combined
Prescription Drugs	**In-Network Only**
Retail Generic	$10
Retail Preferred Brand	$30
Retail Non-Preferred Brand	$50
Mail Generic	$25
Mail Preferred Brand	$75
Mail Non-Preferred Brand	$125

*Plan Coinsurance shows the % of benefits that the plan (Hofstra) pays.

Note: The above is a high level overview of the benefits offered by Hofstra University. Additional detailed information is available in the Summary of Benefits and Coverage (SBC) document.