Customer Legal Name	Hofstra University
Control Number	286535
Effective date	1/1/2027
BENEFIT PROVISIONS	**EPO Medical**
Product Type: (Aetna Product Name)	Open Access Aetna Select
Dependent Children (covered to end of month)	Dependents to age 26
MEMBER COST SHARING	**In-Network Only**
Lifetime Maximum	Unlimited
Medical Individual Deductible	$0
Medical Family Deductible	$0
Prescription Individual Deductible	$0
Prescription Family Deductible	$0
Plan Coinsurance (plan pays %)*	100%
Medical Individual Payment Limit	$3,000
Medical Family Payment Limit	$6,000
Prescription Individual Payment Limit	$2,000
Prescription Family Payment Limit	$4,000
Physician's Office Visit	100% no deductible after $25 copay
Specialist Office Visit	100% no deductible after $40 copay
Office Based Surgery	Covered at applicable PCP or Specialist Office Visit cost sharing
PREVENTIVE CARE	**In-Network Only**
Well Child Care (WCC) Cost Sharing	100% no deductible no copay
Adult Routine Physical Exam (RPE) Cost Sharing	100% no deductible no copay
Immunizations	100% no deductible no copay
Preventive Well Woman Care	100% no deductible no copay
MATERNITY BENEFITS	**In-Network Only**
Maternity / Obstetrics: Hospital/Facility delivery charges are covered under the hospital benefit.	Covered same as any other expense
Maternity / Newborn Inpatient Hospital Copay	Separate cost sharing applies for Mother and Newborn including separate inpatient hospital copays if applicable
Pre-Natal Maternity	100% no deductible no copay
OTHER PHYSICIAN /PROVIDER SERVICES	**In-Network Only**
Acupuncture	100% no deductible no copay
Physician Allergy Testing and Treatment	PCP: 100% no deductible after $25 copay Specialist: 100% no deductible after $40 copay
Allergy Injections	100% no deductible no copay
SURGERY	**In-Network Only**

Customer Legal Name	Hofstra University
Control Number	286535
Effective date	1/1/2027
BENEFIT PROVISIONS	**EPO Medical**
Second Surgical Opinion	Same as any other office visit
Outpatient Surgery Facility Charges Performed in outpatient dept. of hospital or ambulatory surgery center setting	100% no deductible after $100 copay
Transplants - Travel & Lodging limited to $10,000 for any one procedure treatment or type.	100% no deductible after $500 copay
DIAGNOSTIC PROCEDURES	**In-Network Only**
Outpatient Diagnostic X-ray and Lab	100% no deductible after $25 copay
Complex Imaging Services: MRIs, CAT Scans, etc.	100% no deductible after $40 copay
EMERGENCY MEDICAL CARE	**In-Network Only**
Urgent Care Facility	100% no deductible after $40 copay
Emergency Room (both in and out of network) **Copay waived if admitted**	100% no deductible after $200 copay
Ambulance	100% no deductible after $40 copay
HOSPITAL CARE	**In-Network Only**
Inpatient Hospital	100% no deductible after 500 copay
Inpatient Per Confinement Copay	$500 copay
Outpatient Hospital Expenses	100% no deductible no copay
MENTAL HEALTH & SUBSTANCE ABUSE	**In-Network Only**
Inpatient Mental Disorders	100% no deductible after $500 copay
Inpatient Substance Abuse Disorder	100% no deductible after $500 copay
Outpatient Mental Disorders: Therapy visits	100% no deductible after $25 copay
Outpatient Substance Abuse Disorder: Therapy visits	100% no deductible after $25 copay
Residential Treatment Facility	100% no deductible after $500 copay
OTHER COVERED SERVICES	**In-Network Only**
Skilled Nursing Facility / Short-Term Rehab Facility	100% no deductible
SNF /STRF Maximum	60 days per year
Home Health Care	100% no deductible no copay
HHC Maximum	40 visits maximum per year
Private Duty Nursing	100% no deductible no copay
PDN Maximum	Unlimited
Hospice Care Inpatient	100% no deductible no copay
Inpatient Hospice Lifetime Maximum	Unlimited

Customer Legal Name	Hofstra University
Control Number	286535
Effective date	1/1/2027
BENEFIT PROVISIONS	**EPO Medical**
Hospice Care Outpatient	100% no deductible no copay
Inpatient Hospice Lifetime Maximum	Unlimited
Durable Medical Equipment	100% no deductible
Prosthetics Devices	100% no deductible
Orthotics	100% no deductible
THERAPY SERVICES	**In-Network Only**
Chiropractic	100% no deductible after $40 copay
Chiropractic Maximum	20 visits per year
Outpatient Short-Term Rehabilitation:	100% no deductible after $40 copay
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
Prescription Drugs	**In-Network Only**
Exclusive Home Delivery (replaces Select Home Delivery - Active Choice)	Members with maintenance medications must fill the prescription through home delivery

*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.