

BENEFIT LIMITS AND MAXIMUMS

Benefits for certain **covered** services may be subject to annual, per occurrence or lifetime maximums. *No* additional benefits will be paid once the applicable limit is reached. Most limits are annual limits and are restored automatically at the beginning of the next calendar year. Also see “Exclusions” for a list of services that are not **covered** under the Standard **POS**, **Salaried Retiree Indemnity** option, **Mental Health and Chemical Dependency Program** or **Prescription Drug Program**.

Three Types of Limits

Three main types of benefit limits are described in this section.

- If you reach the *annual benefit limit* for a **covered** expense, *no* additional benefits for that expense will be paid for the rest of the current calendar year. However, the full benefit limit is restored each year on January 1st.
- If you reach the *per-occurrence benefit limit* on **emergency air ambulance** services, no additional benefits will be paid toward expenses for that occurrence.
- Certain **covered** expenses under the Standard **POS** option and **Salaried Retiree Indemnity** option are subject to a *maximum lifetime benefit*.

Standard POS Option In-Network Limits

If you are **covered** under the Standard **POS** option, *no* lifetime maximums apply to any **in-network** care provided or coordinated by your **PCP** or **network specialist**. The following annual or per occurrence benefit limits apply under the Standard **POS** option to **in-network** care.

- Chiropractic care is limited to 60 visits in any calendar year. **In-network** visits also apply to the **out-of-network** benefit limit and vice versa.
- **Emergency air ambulance** benefits are limited to \$5,000 per occurrence.
- Wig benefits (provided for hair loss caused by disease or related to treatment of an unrelated temporary medical condition) are limited to \$300 per calendar year.

Standard POS Option Out-of-Network Limits

For all **out-of-network** care under the Standard **POS** option, each **covered** individual is limited to a lifetime maximum benefit of:

- \$1,000,000 for all **covered** expenses, and
- 210 days of **hospice** care.

The following annual or per occurrence benefit limits also apply under the Standard **POS** option to **out-of-network** care.

- Chiropractic care is limited to 60 visits in any calendar year. **Out-of-network** visits also apply to the **in-network** benefit limit and vice versa.
- **Emergency** air **ambulance** benefits are limited to \$5,000 per occurrence.
- **Speech therapy** is limited to 30 visits per year.
- **Home health care agency** services are limited to 100 visits per year.
- **Private duty nursing** is limited to 100 shifts per year.
- **Extended care facility** services are limited to 60 days per year. Days spent in the **hospital** before entering the **extended care facility** count as a full day toward this limit. Once you enter the facility, however, each day in the **extended care facility** counts as one-half day toward the limit.
- Acupuncture is limited to 30 visits per year.
- Wig benefits (provided for hair loss caused by disease or related to treatment of an unrelated temporary medical condition) are limited to \$300 per calendar year.

Salaried Retiree Indemnity Option Limits

Under the **Salaried Retiree Indemnity** option, each **covered** individual is limited to a maximum of 210 days of **hospice** care during his or her lifetime. There are no other lifetime maximums under the **Salaried Retiree Indemnity** option, unless you or your **covered dependents** have reached your **OCC** maximum. The following annual or per occurrence benefit limits apply under the **Salaried Retiree Indemnity** option.

- Chiropractic care is limited to 60 visits in any calendar year.
- **Emergency** air **ambulance** benefits are limited to \$5,000 per occurrence.

- **Speech therapy** is limited to 30 visits per year.
- **Home health care agency** services are limited to 200 visits per year.
- **Private duty nursing** is limited to 200 shifts per year.
- **Extended care facility** services are limited to 120 days per year. Days spent in the **hospital** before entering the **extended care facility** for the same condition count as a full day toward this limit. Once you enter the facility, however, each day in the **extended care facility** counts as one-half day toward the limit.
- Acupuncture is limited to 30 visits per year.
- Wig benefits (provided for hair loss caused by disease or related to treatment of an unrelated temporary medical condition) are limited to \$300 per calendar year.

Mental Health and Chemical Dependency Program Limits

No day or dollar limits apply to precertified **in-network in-patient** or **out-patient** treatment of mental health or **chemical dependency** conditions coordinated through the **Behavioral Health Care Coordinator**. However, **in-network alternative care** is subject to a maximum of 120 days per calendar year for mental health and 120 days per calendar year for **chemical dependency** treatment.

The following annual benefit limits apply to **out-of-network** care:

- **Out-patient** treatment is limited to 60 visits per year *each* for treatment of mental health conditions or **chemical dependency** conditions. (Note: For **Medicare**-eligible individuals when the Medical Plan is secondary to **Medicare**, **out-patient chemical dependency** treatment is limited to 30 visits per year and there is no limit for mental health treatment. See “Mental Health and Chemical Dependency Benefits for Medicare-Eligible Participants.”)
- **In-patient** hospitalization is limited to 30 days per year *each* for treatment of mental health or **chemical dependency** conditions. **In-patient chemical dependency** treatment is limited to two confinements per lifetime.

These additional limitations apply to **out-of-network** care:

- To receive the full amount of benefits available, you must precertify all **in-patient** admissions (see “Precertification”).
- Visits or days received **in-network** apply toward the **out-of-network** limit.

- **Alternative care is not covered.**

Prescription Drug Program Limits

The only limit that applies under the **Prescription Drug Program** is the number of days for which a prescription can be filled. For each prescription filled, you can obtain a supply of up to:

- 34 days from your local **participating pharmacy** or non-participating pharmacy (90 days for insulin), or
- 90 days through **Aetna Rx Home Delivery**.
- The **Prescription Drug Program** allows limited coverage for certain drugs. See “Drugs with Coverage Limitations”.