



PRESIDENT AND BOARD OF TRUSTEES OF SANTA CLARA COLLEGE  
DBA SANTA CLARA UNIVERSITY

Benefit limitations - Some service or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on January 1 (unless otherwise noted). Refer to your plan documents to learn more.





PRESIDENT AND BOARD OF TRUSTEES OF SANTA CLARA COLLEGE



PRESIDENT AND BOARD OF TRUSTEES OF SANTA CLARA COLLEGE  
DBA SANTA CLARA UNIVERSITY  
Effective Date: 01-01-2025  
AWH Northern CA HMO

PLAN DESIGN & BENEFITS  
PROVIDED BY AETNA HEALTH OF CALIFORNIA INC. - FULL RISK

Outpatient short -



PLAN DESIGN & BENEFITS  
 PROVIDED BY AETNA HEALTH OF CALIFORNIA INC. - FULL RISK

Bariatric surgery	\$250 copay
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
Acupuncture	\$20 copay
Limited to 20 visits per year	
<b>FAMILY PLANNING</b>	<b>IN-NETWORK DESIGNATED PROVIDERS</b>
Infertility treatment	Your cost sharing depends on the type of service and where you receive it. You have coverage for artificial insemination and the diagnosis and treatment of the underlying cause of infertility.
Advanced Reproductive Technology (ART)	Not Covered
In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), ovulation induction (OI), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	
Fertility preservation	Your cost sharing depends on the type of service and where you receive it. Includes coverage for cryopreservation and storage for iatrogenic infertility
Iatrogenic infertility is infertility that may occur as a result of certain types of medical treatment	
Vasectomy	Covered 100%; no deductible
Tubal ligation	Covered 100%
<b>PRESCRIPTION DRUG BENEFITS</b>	<b>IN-NETWORK</b>
Pharmacy plan type	Advanced Control Plan - Aetna: California
Prescription drug out-of-pocket limit	Prescription drug expenses apply to your medical out-of-pocket limit.
Generic drugs	
	Retail \$ copay
	Mail order \$ 0 copay
Preferred brand -name drugs	
	Retail \$2 copay
	Mail order \$ 0 copay
Non-preferred brand -name drugs	
	Retail \$ 0 copay
	Mail order \$ 0 copay
Specialty drugs	
Preferred specialty	20% Maximum \$200
Non-preferred specialty	20% Maximum \$200
Pharmacy day supply and requirements	
	Retail 1x retail copay for 30 day supply, 2x retail copay for 31-60 day supply, and 3x retail copay for 61-90 day supply from Aetna National Network.
	Mail order You can get a 31-90-day supply from CVS Caremark® Mail Service Pharmacy.
	Specialty You can get up to a 30-day supply of specialty drugs.



PRESIDENT AND BOARD OF TRUSTEES OF SANTA CLARA COLLEGE  
DBA SANTA CLARA UNIVERSITY  
Effective Date: 01-

