



HIDALGO COUNTY - AETNA MEDICAL

SUMMARY OF BENEFITS

JANUARY 1, 2019

| PPO PLAN SUMMARY HIGHLIGHTS | BASIC PLAN - PLAN I | | BUY-UP PLAN - PLAN II | |
|---|---|--|---|--|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| BENEFITS | | | | |
| Calendar Year Deductible - Individual/Family | \$1,350/\$2,700 | \$2,150/\$4,300 | \$800/\$1,600 | \$1,250/\$2,500 |
| Per-Admission Deductible | \$350 | \$350 Per Day (Max 2 days) | \$350 | \$350 Per Day (Max 2 days) |
| Three Month Deductible carryover applies | | | | |
| Percentage Payable after deductible satisfied. (This applies to every benefit where only a % is shown). | 70% of Allowable Amount | 50% of Allowable Amount | 80% of Allowable Amount | 50% of Allowable Amount |
| Out of Pocket Limit | | | | |
| Individual/Family | \$7,600/\$15,200 Includes deductible | \$11,000/\$22,000 Includes deductible | \$5,500/\$11,000 includes deductible | \$8,500/\$17,000 includes deductible |
| Doctor's Office Visit (per visit) | | | | |
| Non-Specialist | \$40 Co-Pay, then 100% | 50% of Allowable Amount | \$35 Co-Pay, then 100% | 50% of Allowable Amount |
| Specialist | \$50 Co-Pay, then 100% | | \$45 Co-Pay, then 100% | |
| (excludes office surgery and physical therapy) | | | | |
| Routine Physical Exam/Preventive Care | | | | |
| Well-baby care exams & immunizations and over, & any other preventative health services as determined by USPSTF | 100% of Allowable Amount | 50% of Allowable Amount after calendar year deductible | 100% of Allowable Amount | 50% of Allowable Amount after calendar year deductible |
| Emergency Room Services | | | | |
| Copay waived if admitted, Inpatient Hospital expenses will apply. | \$350 Co-Pay Deductible, then 70% | \$350 Co-Pay Deductible, then 70% | \$250 Co-Pay Deductible, then 80% | \$250 Co-Pay Deductible, then 80% |
| Inpatient Hospital Services | | | | |
| | 70% after \$350 per admission deductible | 50% after \$350 per day per admission deductible | 80% | 50% after \$350 per day per admission deductible |
| | | deductible. \$250 Penalty for failure to pre-authorize | | \$250 Penalty for failure to pre-authorize |
| Outpatient Facility Services | Deductible, then 70% | Deductible, then 50% | Deductible, then 80% | Deductible, then 50% |
| Urgent Care Services | | | | |
| (does not include certain diagnosis procedures & surgical services) Certain Diagnostic Procedures-such as bone Scan, Cardiac Stress Test, CT, MRI, Myelogram & PET Scan, surgical services & all other supplies. | 100% Allowable Amount after \$40 Co-Pay | 50% of Allowable Amount after deductible | 100% Allowable Amount after \$35 Co-Pay | 50% of Allowable Amount after deductible |
| | 70% of Allowable Amount after deductible | 50% of Allowable Amount after deductible | 80% of Allowable Amount after deductible | 50% of Allowable Amount after deductible |
| Lab & X Ray Services | 100%, deductible waived | 100%, deductible waived | 100%, deductible waived | 100%, deductible waived |
| Physician Maternity Services (Prenatal) | 100% of Allowable Amount | Deductible, then 50% | 100% of Allowable Amount | Deductible, then 50% |
| Physical Surgical Services (Inpatient & Outpatient) | Deductible, then 70% | Deductible, then 50% | Deductible, then 80% | Deductible, then 50% |
| Prescription Drugs-Retail (up to 30-90 day supply): | | | | |
| Generic Drugs | 100% after: \$10 Co-Pay | No Benefit | 100% after: \$10 Co-Pay | No Benefit |
| Brand Name Drugs on Formulary | \$20 Co-Pay | No Benefit | \$20 Co-Pay | No Benefit |
| Brand Name Drugs not on Formulary | \$35 Co-Pay | No Benefit | \$35 Co-Pay | No Benefit |
| Prior preauthorization on specialty drugs | | | | |
| Mail Order (up to 90 day supply per RX): | | | | |
| Generic Drugs | \$20 Co-Pay | No Benefit | \$20 Co-Pay | No Benefit |
| Brand Name Drugs on Formulary | \$40 Co-Pay | No Benefit | \$40 Co-Pay | No Benefit |
| Brand Name Drugs not on Formulary | \$70 Co-Pay | No Benefit | \$70 Co-Pay | No Benefit |
| Prior preauthorization on specialty drugs | | | | |

This is a summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC) and Benefit booklet for more information. Carefully review the plans limitations and exclusions.

EMPLOYEE COST & CONTACT INFORMATION

| BASIC PLAN PLAN I | MONTHLY PREMIUM | EMPLOYER CONTRIBUTION | EMPLOYEE MONTHLY COST | EMPLOYEE COST PER PAY CHECK |
|--------------------------------|----------------------------|----------------------------------|----------------------------------|--|
| EMPLOYEE ONLY | \$ 616.00 | \$ 616.00 | \$ - | \$ - |
| EMPLOYEE & SPOUSE | \$ 1,026.00 | \$ 616.00 | \$ 410.00 | \$ 205.00 |
| EMPLOYEE & CHILD(REN) | \$ 732.00 | \$ 616.00 | \$ 116.00 | \$ 58.00 |
| EMPLOYEE & FAMILY | \$ 1,144.00 | \$ 616.00 | \$ 528.00 | \$ 264.00 |
| BUY-UP PLAN PLAN II | MONTHLY PREMIUM | EMPLOYER CONTRIBUTION | EMPLOYEE MONTHLY COST | EMPLOYEE COST PER PAY CHECK |
| EMPLOYEE ONLY | \$ 788.00 | \$ 616.00 | \$ 172.00 | \$ 86.00 |
| EMPLOYEE & SPOUSE | \$ 1,372.00 | \$ 616.00 | \$ 756.00 | \$ 378.00 |
| EMPLOYEE & CHILD(REN) | \$ 966.00 | \$ 616.00 | \$ 350.00 | \$ 175.00 |
| EMPLOYEE & FAMILY | \$ 1,604.00 | \$ 616.00 | \$ 988.00 | \$ 494.00 |

AETNA GROUP# 285608

Member Service & Pre-Cert:
1-855-824-5361

Behavioral Health Pre-Authorization:
1-800-424-4047

All Institutional Services and Behavioral Health Services
must be Pre-Authorized

Informed Health Line 24/7 Nurses: 1-800-556-1555

Rx Customer Service
1-888-792-3862

HIDALGO COUNTY - PREFERRED FACILITIES

- EDINBURG CHILDREN'S HOSPITAL
- EDINBURG REGIONAL MEDICAL CENTER
- EDINBURG REGIONAL REHAB CENTER
- MCALLEN MEDICAL CENTER
- MCALLEN MEDICAL HEART CENTER
- SOUTH TEXAS BEHAVIORAL HEALTH CENTER
- SOUTH TEXAS HEALTH SYSTEM
- UHS REHABILITATION PAVILION
- CORNERSTONE REGIONAL
- DOCTOR'S HOSPITAL AT RENAISSANCE
- VALLEY BAPTIST HARLINGEN

Talk to a doctor Anytime at Telaco.com/Aetna

Call Teladoc when you need care now or if considering
visiting a ER facility. Talk to a doctor at anytime!
\$0 COPAY; Deductible Waived
Phone: 1-855-835-2362 www.Teledoc.com/Aetna

HIDALGO CONTACT INFORMATION

| | |
|-----------------------------|----------------|
| Employee Benefits Division: | (956) 292-7025 |
| Head Start Program: | (956) 383-0706 |
| Drainage District #1: | (956) 292-7080 |
| Appraisal District: | (956) 381-8466 |
| Community Service Agency: | (956) 383-6250 |

CLAIMS SUBMISSION

MEDICAL CLAIMS
AETNA LIFE INSURANCE COMPANY
CLAIMS DEPARTMENT
P.O. BOX 981106
EL PASO, TX 79998-1106

INSURANCE GROUP CONTACT INFORMATION

| | |
|---------------------|-------------------------------|
| Local Agent: | |
| Jeff Everitt | (956)968-5954 |
| Bob Trevino | (888) 556-2825/(956) 781-7771 |

PRESCRIPTION DRUG CLAIMS:
Mail or Fax the Prescription Drug Claim for to:
AETNA Pharmacy Management
Phoenix, AZ 85072-2444
FAX# 1-888-472-1128

Generic Incentive - Members electing to purchase preferred/non-preferred brand name drugs when a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug, plus the preferred brand name Co-Pay.