



HIDALGO COUNTY - AETNA MEDICAL

SUMMARY OF BENEFITS

JANUARY 1, 2020

PPO PLAN SUMMARY HIGHLIGHTS	BASIC PLAN	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible - Individual/Family	\$1,000 / \$2,700	\$2,150/\$4,300
Per-Admission Deductible	\$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).	80% of Allowable Amount	50% of Allowable Amount
Maximum Out of Pocket Individual/Family	\$7,600/\$15,200 Includes deductible, Co-Pays & Co-Insurances	\$11,000/\$22,000 Includes deductible, Co-Pays & Co-Insurances
Doctor's Office Visit (per visit)		
Non-Specialist Primary Care Physician - (PCP)	\$25 Co-Pay, then 100%	50% of Allowable Amount
Specialist (excludes office surgery and physical therapy)	\$40 Co-Pay, then 100%	
Dependents ages 0-18, for Non-Specialist visits (PCP)	\$0 Co-Pay, then 100%	
*Valley Baptist Health (VBH) Network of designated PCP's (refer to list of providers)	\$25 Co-Pay Reduction, then 100%	
*South Texas Health (STHS) System of designated PCP's (refer to list of providers)	\$10 Co-Pay Reduction, then 100%	
Routine Physical Exam/Preventive Care		50% of
Well-baby care exams & immunizations and over, & any other preventative health services as determined by USPSTF	100% of Allowable Amount	Allowable Amount after calendar year deductible
Emergency Room Services		
Co-Pay waived if admitted	\$350 Co-Pay;	\$350 Co-Pay
Inpatient Hospital expenses will apply	Deductible waived, then 80%	Deductible waived, then 80%
Inpatient Hospital Services		
	80% after \$350 per admission deductible	50% after \$350 per day per admission deductible
Outpatient Facility Services	80% after Deductible	Deductible, then 50%
Urgent Care Services	100% Allowable Amount after \$40 Co-Pay	50% of Allowable Amount after deductible
(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.	80% of Allowable Amount after deductible	50% of Allowable Amount after deductible
Doctors Hospital at Renaissance Urgent Care	\$10 Co-Pay Reduction, then 100%	
Lab & X Ray Services	100%, deductible waived	Deductible, then 50%
Physician Maternity Services (Prenatal)	100% of Allowable Amount	Deductible, then 50%
Physical Surgical Services (Inpatient & Outpatient)	80% after Deductible	Deductible, then 50%
Prescription Drugs-Retail (up to 30-90 day supply):		
Generic Drugs	100% after: \$10 Co-Pay	No Benefit
Brand Name Drugs on Formulary	\$20 Co-Pay	No Benefit
Brand Name Drugs not on Formulary	\$35 Co-Pay	No Benefit
Prior preauthorization on specialty drugs		
Diabetic supplies	\$0 Co-Pay, then 100%	No Benefit
Mail Order (up to 90 day supply per RX):		
Generic Drugs	\$20 Co-Pay	No Benefit
Brand Name Drugs on Formulary	\$40 Co-Pay	No Benefit
Brand Name Drugs not on Formulary	\$70 Co-Pay	No Benefit
Prior preauthorization on specialty drugs		

*List of PROVIDERS for VBH & STHS are constantly changing. Verify with AETNA to ensure provider is currently on the designated PCP List.

EMPLOYEE COST & CONTACT INFORMATION

EMPLOYEES				
BASIC PLAN	MONTHLY PREMIUM	EMPLOYER CONTRIBUTION	EMPLOYEE MONTHLY COST	EMPLOYEE COST PER PAY CHECK
EMPLOYEE ONLY	\$ 654.00	\$ 654.00	\$ -	\$ -
EMPLOYEE & SPOUSE	\$ 1,088.00	\$ 654.00	\$ 434.00	\$ 217.00
EMPLOYEE & CHILD(REN)	\$ 776.00	\$ 654.00	\$ 122.00	\$ 61.00
EMPLOYEE & FAMILY	\$ 1,214.00	\$ 654.00	\$ 560.00	\$ 280.00

RETIREES		
BASIC PLAN	RETIREE UNDER 65 MONTHLY PREMIUM	RETIREE 65 & OVER MONTHLY PREMIUM
EMPLOYEE ONLY	\$ 596.00	\$ 302.00
EMPLOYEE & SPOUSE	\$ 1,032.00	\$ 738.00
EMPLOYEE & CHILD(REN)	\$ 720.00	\$ 426.00
EMPLOYEE & FAMILY	\$ 1,156.00	\$ 862.00

PREFERRED LABS: LabCorp
Quest Diagnostics

PREFERRED FACILITIES	OUT-OF-NETWORK EMERGENCY CENTERS
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	<p align="center">Neighbors ER Center, McAllen, TX Neighbors ER Center, Harlingen, TX Physicians Premier ER, Corpus Christi, TX Exceptional Healthcare, Inc., Harlingen, TX Edinburg Emergency Medicine, Edinburg, TX Hidalgo Emergency Medicine, McAllen, TX</p> <p align="center">These facilities are freestanding Emergency Centers and are not In-Network. If medical services are rendered in these facilities, expect to pay Out-Of-Network costs.</p>

HIDALGO COUNTY CONTACT INFORMATION

Hidalgo County DBM Employee Benefits Division:	(956) 292-7025
Head Start Program:	(956) 383-0706
Drainage District No. 1:	(956) 292-7080
Appraisal District:	(956) 381-8466
Community Service Agency:	(956) 383-6240

INSURANCE GROUP AGENT CONTACTS

Robert J. Garza & Co. - Broker	(956) 854-4139
Kim Castellanos - Service Agent	(956) 373-0523
Bob Trevino Insurance	(888) 556-2825/(956) 781-7771

AETNA GROUP# 285608
AETNA RX BIN# 610502

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

ADDITIONAL BENEFITS COMING IN SPRING OF 2020

NEW PRIMARY CARE PHYSICIAN CENTER (PCP) coming soon!

VERA WHOLE HEALTH CLINIC - \$0 Co-Pay

INFORMATION WILL BE DISTRIBUTED WHEN AVAILABLE!

Talk to a Doctor Anytime at Teladoc.com/Aetna

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

CLAIMS SUBMISSION

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

PRESCRIPTION DRUG CLAIMS:
Mail or Fax the Prescription Drug Claim 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.