



# 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	<b>\$1,000 / \$2,700</b>	\$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).	<b>80% of Allowable Amount</b>	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) Specialist (excludes office surgery and physical therapy) Dependents ages 0-18, for Non-Specialist visits (PCP) *Valley Baptist Health (VBH) Network of designated PCP's (refer to list of providers) *South Texas Health (STHS) System of designated PCP's (refer to list of providers)	<b>\$25 Co-Pay, then 100%</b> <b>\$40 Co-Pay, then 100%</b> <b>\$0 Co-Pay, then 100%</b> <b>\$25 Co-Pay Reduction, then 100%</b> <b>\$10 Co-Pay Reduction, then 100%</b>	50% of Allowable Amount
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
Emergency Room Services Co-Pay waived if admitted Inpatient Hospital expenses will apply	\$350 Co-Pay; Deductible waived, then <b>80%</b>	\$350 Co-Pay Deductible waived, then <b>80%</b>
Inpatient Hospital Services	<b>80%</b> after \$350 per admission deductible	50% after \$350 per day per admission deductible
Outpatient Facility Services	<b>80%</b> after Deductible	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
Doctors Hospital at Renaissance Urgent Care	<b>80%</b> of Allowable Amount after deductible	50% of Allowable Amount after deductible
Lab & X Ray Services	100%, deductible waived	100%, deductible waived
Physician Maternity Services (Prenatal)	100% of Allowable Amount	Deductible, then 50%
Physical Surgical Services (Inpatient & Outpatient)	<b>80%</b> after Deductible	Deductible, then 50%
Prescription Drugs-Retail (up to 30-90 day supply): Generic Drugs Brand Name Drugs on Formulary Brand Name Drugs not on Formulary Prior preauthorization on specialty drugs	100% after: \$10 Co-Pay \$20 Co-Pay \$35 Co-Pay	No Benefit No Benefit No Benefit
Diabetic supplies	<b>\$0 Co-Pay, then 100%</b>	No Benefit
Mail Order (up to 90 day supply per RX): Generic Drugs Brand Name Drugs on Formulary Brand Name Drugs not on Formulary Prior preauthorization on specialty drugs	\$20 Co-Pay \$40 Co-Pay \$70 Co-Pay	No Benefit No Benefit No Benefit

\*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

**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**

**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.**

**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](http://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](http://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.