



HIDALGO COUNTY - AETNA MEDICAL

SUMMARY OF BENEFITS

JANUARY 1, 2021

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) Specialist (excludes office surgery and physical therapy) Dependents ages 0-18, for Non-Specialist visits (PCP) *Valley Baptist Health (VBH) Network of designated providers (refer to list of providers) *South Texas Health (STHS) System of designated providers (refer to list of providers)	\$25 Co-Pay, then 100% \$40 Co-Pay, then 100% \$0 Co-Pay, then 100% \$25 Co-Pay Reduction, then 100% \$10 Co-Pay Reduction, then 100%	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 80%	\$350 Co-Pay Deductible waived, then 80%
Inpatient Hospital Services	80% after \$350 per admission deductible	50% after \$350 per day per admission deductible \$250 Penalty for failure to pre-authorize
Outpatient Facility Services	80% 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. Doctors Hospital at Renaissance Urgent Care	100% Allowable Amount after \$40 Co-Pay 80% of Allowable Amount after deductible \$10 Co-Pay Reduction, then 100%	50% of Allowable Amount after deductible 50% of Allowable Amount after deductible No Benefit
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 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
Generic or Brand Formulary Diabetic supplies (test strips, lancets, syringes, insulin, needles)	\$0 Co-Pay, then 100%	No Benefit
Mail Order (up to 90 day supply per RX. The 90 day supply is only available thru CVS & Saenz Pharmacies): 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

RETIRES

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

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.

**Edinburg Emergency Medicine, Edinburg, TX
Hidalgo Emergency Medicine, McAllen, TX
Renaissance Emergency Physicians, Edinburg, TX
Shavano Emergency Medicine, Edinburg, TX
McAllen Emergency Medicine, McAllen, TX
Exceptional Healthcare, Inc., Harlingen, TX
Exceptional Healthcare, Inc., Brownsville, TX**

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

EXCLUSIVE TO THE COUNTY:

VERA WHOLE HEALTH EDINBURG CARE CENTER - \$0 Co-Pay

Available Services: Preventative Care, Chronic Disease Management, Acute Care and Bonus Support Services (health coaching, on-site labs, specialty care coordination and advocacy)

Appointments Only. Schedule your appointment at (956) 287-3099

Vera Whole Health Edinburg Care Center

4302 South Sugar Road, Suite 105 Edinburg, TX 78539

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.