

## 2018-19 AETNA MEDICAL - ELECT CHOICE NETWORK

Coverage	LOW EPO PLAN	MID EPO PLAN	HIGH PPO PLAN	HD EPO/HSA PLAN	ADVANTAGE EPO
Cal. Year Deductible	\$4500/\$9000	\$3000/\$6000	\$1500/\$3000	\$5000/\$10000	\$2000/\$4000
Coinsurance	70%	70%	80%	100%	50%
Out of Pocket Max	\$6600/\$13200	\$5000/\$10000	\$4000/\$8000	\$6000/\$12000	\$6500/\$13000
Preventive Care	100%	100%	100%	100%	100%
Office Visit - PCP	\$30 Copay/\$0 Dep under 19	\$30 Copay/\$0 Dep under 19	\$30 Copay/\$0 Dep under 19	100% after Deductible	\$0 copay
Office Visit Specialist	\$60	\$60	\$60	100% after Deductible	\$100 copay
Preventive Lab	100%	100%	100%	100% after Deductible	100%
Major Diagnostic, Lab, X-Ray	70% after Deductible	70% after Deductible	80% after Deductible	100% after Deductible	50% after Deductible
Prescrip Drugs - Retail	\$15/\$45/\$80	\$15/\$45/\$80	\$15/\$45/\$80	\$10/35/60 after Deductible	\$5/50/100/250 \$250/500 Deductible Tier 3/4
Prescrip Drugs - Mail (90 Day)	2.5 x for M.O	2.5 x for M.O	2.5 x for M.O	2.5 x for MO after Deductible	2.5 x for MO after Deductible
Hospital Inpatient	70% after Deductible	70% after Deductible	80% after Deductible	100% after Deductible	50% after Deductible
Outpatient Surgery	70% after Deductible	70% after Deductible	80% after Deductible	100% after Deductible	50% after Deductible
Urgent Care	\$75 COPAY	\$75 COPAY	\$75 COPAY	100% after Deductible	\$50 COPAY
Emergency Room	\$250 COPAY + 20%	\$250 COPAY + 20%	\$250 COPAY + 20%	100% after Deductible	\$250 COPAY + 50%
Mental Hth/Subs Abuse - OP	100% after \$30 copay	100% after \$30 copay	100% after \$30 copay	100% after Deductible	\$0 COPAY
Mental Hth/Subs Abuse - IP	70% after Deductible	70% after Deductible	80% after Deductible	100% after Deductible	50% after Deductible
Pre-Existing Limitation	No	No	No	No	No
			<b>OUT OF NETWORK</b>		
Cal. Yr Deductible	N/A	N/A	\$5000/\$10000	N/A	N/A
Coinsurance	N/A	N/A	50%	N/A	N/A
Out of Pocket Max	N/A	N/A	\$10000/\$20000	N/A	N/A
****	<b>Employee Cost</b>	<b>Employee Cost</b>	<b>Employee Cost</b>	<b>Employee Cost</b>	<b>Employee Cost</b>
EE Only	\$161.00	\$217.00	\$313.00	\$98.00	\$140.00
EE/Spouse	\$842.00	\$967.00	\$1,183.00	\$699.00	\$798.00
EE/Children	\$444.00	\$529.00	\$675.00	\$350.00	\$414.00
EE/Family	\$1,118.00	\$1,271.00	\$1,535.00	\$944.00	\$1,064.00

\*\*\*\* Employee cost after Comal ISD monthly contribution of \$390

## 2018-19 AETNA Medical - Whole Health Baptist TX ACO Network

Coverage	LOW EPO PLAN	HD EPO/HSA PLAN	ADVANTAGE EPO
Cal. Year Deductible	<i>\$4500/\$9000</i>	<i>\$5000/\$10000</i>	<i>\$2000/\$4000</i>
Coinsurance	70%	100%	50%
Out of Pocket Max	<i>\$6600/\$13200</i>	<i>\$6000/\$12000</i>	<i>\$6500/\$13000</i>
Preventive Care	100%	100%	100%
Office Visit - PCP	\$30 Copay/\$0 Dep under 19	100% after Deductible	\$0 copay
Office Visit Specialist	\$60	100% after Deductible	\$100 copay
Preventive Lab	100%	100% after Deductible	100%
Major Diagnostic, Lab, X-Ray	70% after Deductible	100% after Deductible	50% after Deductible
Prescrip Drugs - Retail	\$15/\$45/\$80	\$10/35/60 after Deductible	\$5/50/100/250 \$250/500 Deductible Tier 3/4
Prescrip Drugs - Mail (90 Day)	2.5 x for M.O	2.5 x for MO after Deductible	2.5 x for MO after Deductible
Hospital Inpatient	70% after Deductible	100% after Deductible	50% after Deductible
Outpatient Surgery	70% after Deductible	100% after Deductible	50% after Deductible
Urgent Care	<b>\$75 COPAY</b>	100% after Deductible	<b>\$50 COPAY</b>
Emergency Room	<b>\$250 COPAY + 20%</b>	100% after Deductible	<b>\$250 COPAY + 50%</b>
Mental Hth/Subs Abuse - OP	100% after \$30 copay	100% after Deductible	\$0 COPAY
Mental Hth/Subs Abuse - IP	70% after Deductible	100% after Deductible	50% after Deductible
Pre-Existing Limitation	No	No	No
<b>OUT OF NETWORK</b>			
Cal. Yr Deductible	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
Out of Pocket Max	N/A	N/A	N/A
****	<b>Employee Cost</b>	<b>Employee Cost</b>	<b>Employee Cost</b>
EE Only	<b>\$130.00</b>	<b>\$71.00</b>	<b>\$111.00</b>
EE/Spouse	<b>\$773.00</b>	<b>\$638.00</b>	<b>\$731.00</b>
EE/Children	<b>\$397.00</b>	<b>\$309.00</b>	<b>\$369.00</b>
EE/Family	<b>\$1,034.00</b>	<b>\$869.00</b>	<b>\$983.00</b>

\*\*\*\*Employee cost after Comal ISD monthly contribution of \$390