

2019-20 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 Copay	\$60 Copay	\$60 Copay	100% after Deductible	\$90 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
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
Teledoc	\$40	\$40	\$40	\$40	\$40
Near-Site Clinic System	\$5 Copay	\$5 Copay	\$5 Copay	\$25 Reduction in allowable	\$0 Copay
Urgent Care	\$75 COPAY	\$75 COPAY	\$75 COPAY	100% after Deductible	\$50 COPAY
Emergency Room	\$300 COPAY + 30%	\$300 COPAY + 30%	\$300 COPAY + 20%	100% after Deductible	\$300 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
OUT OF NETWORK					
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
****	Employee Cost	Employee Cost	Employee Cost	Employee Cost	Employee Cost
EE Only	\$167.00	\$269.00	\$373.00	\$139.00	\$185.00
EE/Spouse	\$854.00	\$1,082.00	\$1,317.00	\$792.00	\$899.00
EE/Children	\$452.00	\$607.00	\$766.00	\$413.00	\$482.00
EE/Family	\$1,133.00	\$1,412.00	\$1,699.00	\$1,057.00	\$1,188.00

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

2019-20 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	<i>70%</i>	100%	<i>50%</i>
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 Copay	100% after Deductible	\$90 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
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
Teladoc	\$40	\$40	\$40
Near-Site Clinic System	\$5 Copay	\$25 Reduction in allowable	\$5 Copay
Urgent Care	<i>\$75 COPAY</i>	100% after Deductible	<i>\$50 COPAY</i>
Emergency Room	<i>\$300 COPAY + 30%</i>	100% after Deductible	<i>\$300 COPAY + 50%</i>
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
OUT OF NETWORK			
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
****	Employee Cost	Employee Cost	Employee Cost
EE Only	\$135.00	\$71.00	\$116.00
EE/Spouse	\$785.00	\$638.00	\$742.00
EE/Children	\$405.00	\$309.00	\$377.00
EE/Family	\$1,048.00	\$869.00	\$997.00

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