

# MEDICAL

## AETNA

FLOUR BLUFF ISD offers three medical plans by AETNA. Aetna offers several convenient and affordable options when you need care now. Knowing the right place to go can save you time, money, and unpleasant financial surprises. The chart below provides a plan comparison overview illustrating the plan highlights. Aetna will only provide medical cards if changes are made.

Plan Name	Select 1750 EPO	3000 Savings Choice	3750 HDHP / HSA
Network	Broad	Narrow	Broad
(PCP Required)	Yes		No
<b>Deductible</b>	No		
In-Network (Individual/Family)	\$1,750 Individual/\$3,500 Family	\$3,000 Individual/\$6,000 Family	\$3,750 Individual/\$7,500 Family
Out-of-Network (Individual/Family)	N/A	\$9,000 Individual/\$18,000 Family	\$12,000 Individual/\$24,000 Family
<b>Out-of-Pocket Maximum</b>			
In-Network (Individual/Family)	\$8,000 Individual/\$16,000 Family	\$4,000 Individual/\$8,000 Family	\$3,750 Individual/\$7,500 Family
Out-of-Network (Individual/Family)	N/A	\$12,000 Individual/\$24,000 Family	\$12,000 Individual/\$24,000 Family
<b>Coinsurance</b>			
In-Network	80%	100%	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge	70% of the recognized charge
Office Visit (PCP/Spec)	\$25 Copay/\$50 Copay per Visit	\$25 Copay/\$50 Copay per Visit	100%/70% after Deductible
Diagnostic Lab	\$25 Copay/\$50 Copay per Visit	100%/70% after Deductible	100%/70% after Deductible
Preventive Services	100%	100%/70% of recognized charge	100%/70% of recognized charge
Telemedicine	\$0 Copay	\$0 Copay	\$50 Fee (accrues to Deductible & Out-of-Pocket)
Complex Imaging/Radiology	80% after Deductible	100%/70% after Deductible	100%/70% after Deductible
<b>Inpatient Services</b>			
In-Network	80% after Deductible	100% after Deductible	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge after Deductible	70% of the recognized charge after Deductible
<b>Outpatient Services</b>			
In-Network	80% after Deductible	100% after Deductible	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge after Deductible	70% of the recognized charge after Deductible
Emergency Room Services	Deductible plus Coinsurance	\$500 Copay per Visit	100% after Deductible
Urgent Care Facility	\$50 Copay per Visit	\$75 Copay per Visit	100% after Deductible
<b>Pharmacy</b>			
Tier 1 - Generic	\$10 Copay	\$10 Copay	100% after Deductible (Certain Preventative@100%)
Tier 2 - Preferred Brand	\$25 Copay	\$25 Copay	100% after Deductible (Certain Preventative@100%)
Tier 3 - Non-Preferred Brand	\$50 Copay	\$50 Copay	100% after Deductible (Certain Preventative@100%)