

Medical Plans - Aetna

	PLAN I		PLAN II	
	ACCOUNTABLE CARE ORGANIZATION (ACO) TIER 1 (TENET)	ALL OTHER AETNA TIER 2	ACCOUNTABLE CARE ORGANIZATION (ACO) TIER 1 (TENET)	ALL OTHER AETNA TIER 2
Deductibles - per calendar year	\$300 individual \$900 family	\$600 individual \$1,800 family	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family
Coinsurance	80%	60%	80%	60%
Maximum Out-of-Pocket Limits To include copays, coinsurance any charges	\$1,800 individual \$5,400 family	\$3,600 individual \$10,800 family	\$2,000 individual \$6,000 family	\$4,000 individual \$12,000 family
SERVICES				
Office Visit	Covered at 100%	\$20 copay	\$5 copay	\$25 copay
Specialist Office Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Annual Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	\$20		\$25	
Urgent Care	\$20 copay	60% after deductible	\$25 copay	60% after deductible
Emergency Room	\$100 copay then 80% after deductible		\$150 copay then 80% after deductible	
Hospital Inpatient	\$150 copay then 80% after deductible	\$350 copay then 60% after deductible	\$150 copay then 80% after deductible	\$350 copay then 60% after deductible
PRESCRIPTION DRUGS				
Prescription Copays Up to a 30-day supply	Generic: \$10 Preferred Brand: \$35 Non-Preferred: \$60	Generic: \$10 Preferred Brand: \$35 Non-Preferred: \$60	Generic: \$10 Preferred Brand: \$35 Non-Preferred: \$60	Generic: \$10 Preferred Brand: \$35 Non-Preferred: \$60
Mail Order Copays 90-day supply	Generic: \$20 Preferred Brand: \$70 Non-Preferred: \$120	Generic: \$20 Preferred Brand: \$70 Non-Preferred: \$120	Generic: \$20 Preferred Brand: \$70 Non-Preferred: \$120	Generic: \$20 Preferred Brand: \$70 Non-Preferred: \$120

All medical plans exclude out of network coverage. Tier 1 allows members to access the Tenet Accountable Care Organization (ACO) that is available with Tenet facilities and providers. Tier 2 allows members access to Aetna's broad national network of providers.

Rates

COVERAGE TIER	PLAN I		
	(12) MONTHLY	(26) BIWEEKLY	(19) BIWEEKLY
Employee Only	\$217.33	\$100.31	\$137.26
Employee + Spouse	\$807.52	\$372.70	\$510.01
Employee + Child(ren)	\$717.91	\$331.34	\$453.42
Family	\$1,071.20	\$494.40	\$676.55
COVERAGE TIER	PLAN II		
Employee Only	\$125.66	\$58.00	\$79.36
Employee + Spouse	\$593.28	\$273.82	\$374.70
Employee + Child(ren)	\$522.21	\$241.02	\$329.82
Family	\$802.37	\$370.32	\$506.76

District Contribution for each employee is \$592.83 per month

Medical Plans - Aetna

	PLAN III		PLAN IV	
	ACCOUNTABLE CARE ORGANIZATION (ACO) TIER 1 (TENET)	ALL OTHER AETNA TIER 2	ACCOUNTABLE CARE ORGANIZATION (ACO) TIER 1 (TENET)	ALL OTHER AETNA TIER 2
Deductibles - per calendar year	\$1,000 individual \$3,000 family	\$2,000 individual \$6,000 family	\$3,000 individual \$6,000 family	\$7,000 individual \$14,000 family
Coinsurance	80%	60%	100%	100%
Maximum Out-of-Pocket Limits To include copays, coinsurance any charges	\$3,000 individual \$9,000 family	\$6,000 individual \$18,000 family	\$3,000 individual \$6,000 family	\$7,000 individual \$14,000 family
SERVICES				
Office Visit	\$10 copay	\$30 copay	100% after deductible	100% after deductible
Specialist Office Visit	\$25 copay	\$40 copay	100% after deductible	100% after deductible
Annual Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	\$30		\$47	
Urgent Care	\$30 copay	60% after deductible	100% after deductible	100% after deductible
Emergency Room	\$200 copay then 80% after deductible		100% after deductible	
Hospital Inpatient	\$150 copay then 80% after deductible	\$350 copay then 60% after deductible	100% after deductible	100% after deductible
PRESCRIPTION DRUGS				
Prescription Copays Up to a 30-day supply	Generic: \$10 Preferred Brand: \$35 Non-Preferred: \$60	Generic: \$10 Preferred Brand: \$35 Non-Preferred: \$60	100% after deductible	100% after deductible
Mail Order Copays 90-day supply	Generic: \$20 Preferred Brand: \$70 Non-Preferred: \$120	Generic: \$20 Preferred Brand: \$70 Non-Preferred: \$120	100% after deductible	100% after deductible

All medical plans exclude out of network coverage. Tier 1 allows members to access the Tenet Accountable Care Organization (ACO) that is available with Tenet facilities and providers. Tier 2 allows members access to Aetna's broad national network of providers.

Rates

COVERAGE TIER	PLAN III		
	(12) MONTHLY	(26) BIWEEKLY	(19) BIWEEKLY
Employee Only	\$89.61	\$41.36	\$56.60
Employee + Spouse	\$543.84	\$251.00	\$343.48
Employee + Child(ren)	\$474.83	\$219.15	\$299.89
Family	\$746.75	\$344.65	\$471.63
COVERAGE TIER	PLAN IV		
Employee Only	\$27.81	\$12.84	\$17.56
Employee + Spouse	\$310.03	\$143.09	\$195.81
Employee + Child(ren)	\$267.80	\$123.60	\$169.14
Family	\$436.72	\$201.56	\$275.82

6 District Contribution for each employee is \$592.83 per month

Teladoc - Aetna

Teladoc provides high quality healthcare via phone or video 24/7 to eligible employees and dependents in English or Spanish.

Teladoc doctors can treat many medical conditions, including but not limited to, cold and flu symptoms, allergies, sinus problems, respiratory infections and also order short term prescriptions.

The cost will depend on the health plan in which the employee is enrolled. Employees on health Plans I, II and III will be responsible for the co-pay amount for a regular doctor's office visit according to their Plan. Employees on Plan IV will pay a fair market value price to maintain HSA eligibility. Employees may use their HSA/FSA card, credit card or debit card to pay for their services.

Teladoc.com/Aetna | 1-855-Teladoc (835-2362)



Employee Assistance Program - Aetna

Available to all full-time employees and their household members (household members do not need to be covered under ANY plan).

- 5 Sessions per occurrence
- English and Spanish
- Work Stress
- Drug and/or alcohol problems
- Anxieties
- Financial problems, etc.
- No Cost

Confidential services 24/7; 7 days a week 1-888-866-4827 to schedule appointments.
mylifevalues.com/aetna
username: Ysleta ISD
password: eap

Special Package Plan - Aetna

For those who decline medical coverage, this plan is intended only for employees who have other comprehensive major medical coverage, i.e., spouse's coverage, TRICARE, etc.

- **In-Patient Hospital Cash Benefit (Hospital Indemnity)**
\$75 per day reimbursement for all in-patient stays up to 120 days per year. Only employee is eligible for coverage.
- **Life Insurance**
\$50,000 of term life insurance for the employee only.