

Medical Coverage

AETNA

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 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 Up to a 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
Employee + Family	\$1,071.20	\$494.40	\$676.55
COVERAGE TIER	PLAN II		
	(12) MONTHLY	(26) BIWEEKLY	(19) BIWEEKLY
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
Employee + Family	\$802.37	\$370.32	\$506.76

District contribution for each employee is \$592.83 per month

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	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	\$3,300 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	\$3,300 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		\$56	
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 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 Up to a 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
Employee + Family	\$746.75	\$344.65	\$471.63
COVERAGE TIER	PLAN IV		
	(12) MONTHLY	(26) BIWEEKLY	(19) BIWEEKLY
Employee Only	\$27.81	\$12.84	\$17.56
Employee + Spouse	\$310.03	\$143.09	\$195.81
Employee + Child(ren)	\$267.80	\$123.60	\$169.41
Employee + Family	\$436.72	\$201.56	\$275.86

District contribution for each employee is \$592.83 per month