



# HIDALGO COUNTY - AETNA MEDICAL

## SUMMARY OF BENEFITS

### JANUARY 1, 2021

| PPO PLAN SUMMARY HIGHLIGHTS  | BASIC PLAN                                   |  |
|--|--|--|
| BENEFITS   | IN-NETWORK                                   | OUT-OF-NETWORK   |
| <b>Calendar Year Deductible - Individual/Family</b>  | \$1,000 / \$2,700                            | \$2,150/\$4,300  |
| <b>Per-Admission Deductible</b>  | \$350  | \$350 Per Day (Max 2 days)   |
| Three Month Deductible carryover applies   |  |  |
| Percentage Payable after deductible satisfied.<br>(This applies to every benefit where only a % is shown).                                   | 80% of Allowable Amount                      | 50% of Allowable Amount  |
| <b>Maximum Out of Pocket</b>   | \$7,600/\$15,200                             | \$11,000/\$22,000  |
| Individual/Family  | Includes deductible, Co-Pays & Co-Insurances | Includes deductible, Co-Pays & Co-Insurances   |
| <b>Doctor's Office Visit (per visit)</b>   |  | 50% of Allowable Amount  |
| Non-Specialist Primary Care Physician - (PCP)  | \$25 Co-Pay, then 100%                       |  |
| Specialist (excludes office surgery and physical therapy)  | \$40 Co-Pay, then 100%                       |  |
| Dependents ages 0-18, for Non-Specialist visits (PCP)  | \$0 Co-Pay, then 100%                        |  |
| *Valley Baptist Health (VBH) Network of designated providers (refer to list of providers)  | \$25 Co-Pay Reduction, then 100%             |  |
| *South Texas Health (STHS) System of designated providers (refer to list of providers)   | \$10 Co-Pay Reduction, then 100%             |  |
| <b>Routine Physical Exam/Preventive Care</b>   |  | 50% of Allowable Amount after calendar year deductible   |
| Well-baby care exams & immunizations and over, & any other preventative health services as determined by USPSTF                              | 100% of Allowable Amount                     |  |
| <b>Emergency Room Services</b>   |  | \$350 Co-Pay Deductible waived, then 80%   |
| Co-Pay waived if admitted  | \$350 Co-Pay;<br>Deductible waived, then 80% |  |
| Inpatient Hospital expenses will apply   |  |  |
| <b>Inpatient Hospital Services</b>   | 80% after \$350 per admission deductible     | 50% after \$350 per day per admission deductible<br>\$250 Penalty for failure to pre-authorize |
| <b>Outpatient Facility Services</b>  | 80% after Deductible                         | Deductible, then 50%   |
| <b>Urgent Care Services</b>  | 100% Allowable Amount after \$40 Co-Pay      | 50% of Allowable Amount after deductible   |
| (does not include certain diagnosis procedures & surgical services)  |  |  |
| Certain Diagnostic Procedures-such as bone Scan, Cardiac Stress Test, CT, MRI, Myelogram & PET Scan, surgical services & all other supplies. | 80% of Allowable Amount after deductible     | 50% of Allowable Amount after deductible   |
| Doctors Hospital at Renaissance Urgent Care  | \$10 Co-Pay Reduction, then 100%             | No Benefit   |
| <b>Lab &amp; X Ray Services</b>  | 100%, deductible waived                      | Deductible, then 50%   |
| <b>Physician Maternity Services (Prenatal)</b>   | 100% of Allowable Amount                     | Deductible, then 50%   |
| <b>Physical Surgical Services (Inpatient &amp; Outpatient)</b>   | 80% after Deductible                         | Deductible, then 50%   |
| <b>Prescription Drugs-Retail (up to 30-90 day supply):</b>   | 100% after:                                  |  |
| Generic Drugs  | \$10 Co-Pay                                  | No Benefit   |
| Brand Name Drugs on Formulary  | \$20 Co-Pay                                  | No Benefit   |
| Brand Name Drugs not on Formulary  | \$35 Co-Pay                                  | No Benefit   |
| <b>Prior preauthorization on specialty drugs</b>   |  |  |
| Generic or Brand Formulary Diabetic supplies (test strips, lancets, syringes, insulin, needles)  | \$0 Co-Pay, then 100%                        | No Benefit   |
| <b>Mail Order (up to 90 day supply per RX. The 90 day supply is only available thru CVS &amp; Saenz Pharmacies):</b>                         |  |  |
| Generic Drugs  | \$20 Co-Pay                                  | No Benefit   |
| Brand Name Drugs on Formulary  | \$40 Co-Pay                                  | No Benefit   |
| Brand Name Drugs not on Formulary  | \$70 Co-Pay                                  | No Benefit   |
| <b>Prior preauthorization on specialty drugs</b>   |  |  |

\*List of PROVIDERS for VBH & STHS are constantly changing. Verify with AETNA to ensure provider is currently on the designated PCP List.

**EMPLOYEE COST & CONTACT INFORMATION**

| EMPLOYEES             |                 |                       |                       |                             |
|-----------------------|-----------------|-----------------------|-----------------------|-----------------------------|
| BASIC PLAN            | MONTHLY PREMIUM | EMPLOYER CONTRIBUTION | EMPLOYEE MONTHLY COST | EMPLOYEE COST PER PAY CHECK |
| EMPLOYEE ONLY         | \$ 654.00       | \$ 654.00             | \$ -                  | \$ -                        |
| EMPLOYEE & SPOUSE     | \$ 1,088.00     | \$ 654.00             | \$ 434.00             | \$ 217.00                   |
| EMPLOYEE & CHILD(REN) | \$ 776.00       | \$ 654.00             | \$ 122.00             | \$ 61.00                    |
| EMPLOYEE & FAMILY     | \$ 1,214.00     | \$ 654.00             | \$ 560.00             | \$ 280.00                   |
|                       |                 |                       |                       |                             |
|                       |                 |                       |                       |                             |
|                       |                 |                       |                       |                             |
|                       |                 |                       |                       |                             |
|                       |                 |                       |                       |                             |

**AETNA GROUP# 285608  
AETNA RX BIN# 610502**

**Member Service & Pre-Cert:  
1-855-824-5361**

**Behavioral Health Pre-Authorization:  
1-800-424-4047**

All Institutional Services and Behavioral Health Services must be Pre-Authorized

**Informed Health Line 24/7 Nurses: 1-800-556-1555**

**Rx Customer Service: 1-888-792-3862**

**EXCLUSIVE TO THE COUNTY:  
VERA WHOLE HEALTH EDINBURG CARE CENTER - \$0 Co-Pay**

Available Services: Preventative Care, Chronic Disease Management, Acute Care and Bonus Support Services (health coaching, on-site labs, specialty care coordination and advocacy)  
Appointments Only. Schedule your appointment at (956) 287-3099  
Vera Whole Health Edinburg Care Center  
4302 South Sugar Road, Suite 105 Edinburg, TX 78539

**Talk to a Doctor Anytime at Teladoc.com/Aetna**

**Call Teladoc when you need care now or if considering  
visiting an ER facility. Talk to a doctor at anytime!  
\$0 Co-Pay; Deductible Waived**

**Phone: 1-855-835-2362                      www.Teladoc.com/Aetna**

**CLAIMS SUBMISSION**

**MEDICAL CLAIMS**

AETNA LIFE INSURANCE COMPANY  
CLAIMS DEPARTMENT  
P.O. BOX 981106  
EL PASO, TX 79998-1106

**PRESCRIPTION DRUG CLAIMS:**

Mail or Fax the Prescription Drug Claim to:  
AETNA Pharmacy Management  
Phoenix, AZ 85072-2444  
FAX# 1-888-472-1128

|  |   |
|--|---|
| <b>PREFERRED LABS:</b>   | <i>LabCorp Quest Diagnostics</i>  |
| <b>PREFERRED FACILITIES</b>  | <b>OUT-OF-NETWORK EMERGENCY CENTERS</b>   |
| EDINBURG CHILDREN'S HOSPITAL<br>EDINBURG REGIONAL MEDICAL CENTER<br>EDINBURG REGIONAL REHAB CENTER<br>MCALLEN MEDICAL CENTER<br>MCALLEN MEDICAL HEART CENTER<br>SOUTH TEXAS BEHAVIORAL HEALTH CENTER<br>SOUTH TEXAS HEALTH SYSTEM<br>UHS REHABILITATION PAVILION<br>CORNERSTONE REGIONAL<br>DOCTOR'S HOSPITAL AT RENAISSANCE<br>VALLEY BAPTIST HARLINGEN | <b>These facilities are freestanding Emergency Centers and are not In-Network. If medical services are rendered in these facilities, expect to pay Out-Of-Network costs.</b><br><br>Edinburg Emergency Medicine, Edinburg, TX<br>Hidalgo Emergency Medicine, McAllen, TX<br>Renaissance Emergency Physicians, Edinburg, TX<br>Shavano Emergency Medicine, Edinburg, TX<br>McAllen Emergency Medicine, McAllen, TX<br>Exceptional Healthcare, Inc., Harlingen, TX<br>Exceptional Healthcare, Inc., Brownsville, TX |

**HIDALGO COUNTY CONTACT INFORMATION**

|  |                |
|--|----------------|
| Hidalgo County DBM Employee Benefits Division: | (956) 292-7025 |
| Head Start Program:                            | (956) 383-0706 |
| Drainage District No. 1:                       | (956) 292-7080 |
| Appraisal District:                            | (956) 381-8466 |
| Community Service Agency:                      | (956) 383-6240 |

**INSURANCE GROUP AGENT CONTACTS**

|                                 |                               |
|---------------------------------|-------------------------------|
| Robert J. Garza & Co. - Broker  | (956) 854-4139                |
| Kim Castellanos - Service Agent | (956) 373-0523                |
| Bob Trevino Insurance           | (888) 556-2825/(956) 781-7771 |

**Generic Incentive - Members electing to purchase preferred/non-preferred brand name drugs when a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug, plus the preferred brand name Co-Pay.**