

2021 BASE MEDICAL PLAN BENEFIT SUMMARY

Administered by Aetna - P. O. Box 981106, El Paso, TX 79998-1106, (800) 238-6716, www.aetna.com

<u>PLAN PROVISIONS</u>	<u>NETWORK BENEFITS</u>	<u>NON-NETWORK BENEFITS *</u>
Deductible	\$1,500 Single; \$3,000 Family	\$3,000 Single; \$6,000 Family
Coinsurance	70% Plan; 30% Member	50% Plan; 50% Member
Out-of-Pocket Maximum (O-P-M)	\$5,000 Single; \$10,000 Family	\$8,500 Single; \$17,000 Family
Lifetime Maximum Policy Benefit	NONE	NONE
	YOU PAY:	YOU PAY:
Physician Office Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Specialist Physician Office Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Well Baby/Child Care	100% paid by Plan	Deductible then coinsurance of 50% until O-P-M reached
Comprehensive Physical Exams, Routine	100% paid by Plan	Deductible then coinsurance of 50% until O-P-M reached
Obstetrical Office Visits (Pre & Post Natal)	100% paid by Plan	Deductible then coinsurance of 50% until O-P-M reached
Allergy Services – Testing, Serum, Injections	Deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Professional Fees for Surgical/Medical Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50%
Inpatient Hospital Services	Subject to deductible then coinsurance of 30% until O-P-M reached	With Prior Notification - Deductible then coinsurance of 50%.
Emergency Care	Deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Emergency Ambulance Services	100% of Eligible Expenses paid by plan	Covered as Network Benefit
Urgent Care Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50%
CVS Minute Clinics Non-CVS Minute Clinics	100% paid by Plan 30%; after deductible is met	Deductible then coinsurance of 50%
Outpatient Hospital & Alternate Facility Services	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%

Outpatient Mental Health & Substance Abuse Services	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Inpatient Mental Health & Substance Abuse	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Prosthetic Devices & Durable Medical Equipment	Deductible then coinsurance of 30%; over \$1,000 requires prior approval; Maximum \$2,500 (except diabetic DME items)	Deductible then coinsurance of 50%; over \$1,000 requires prior approval; Maximum \$2,500 (except diabetic DME items)
Outpatient Rehabilitation Services (Limitations Apply)	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Prescription Benefit – Retail Pharmacy	Tier I - \$10 Tier II – 25% (min \$50 – max \$100) Tier III – 40% (min \$100 –max \$150)	Deductible then coinsurance of 50%
Prescription Benefit – Mail Order 90-Day Supply	Tier I - \$25 (includes CVS retail stores) Tier II – 25% (min \$125 – max \$225) Tier III –40% (min \$225 – max \$325)	Not Covered

*Subject to UCR and balance billing