

School District of Hendry County
Benefits Match-Up
Exhibit 3a – Plan 1-Aenta MC Plan 1

BENEFIT HIGHLIGHTS	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>Write “Match” or Fill In Differences</u>
<u>Plan Name:</u>	Aetna – MC Plan 1		
<u>MEDICAL</u>			Please note any program limitation or prior authorization programs for each type of benefit when
<u>Lifetime Maximum</u>	Unlimited		
<u>Calendar Year Deductible</u> Individual / Family Maximum	\$2,000 per person / \$4,000 per family	\$4,000 per person / \$8,000 per family	
<u>Deductible Info:</u>	Deductibles accumulate separately In and Out of Network. Copays do not accumulate towards the deductible. Family deductible is a cumulative deductible for all family members.		
<u>Out-of-Pocket (OOP) Maximum</u> Individual / Family Maximum	\$4,000 per person / \$8,000 per family	\$9,000 per person / \$18,000 per family	
<u>Out-of-Pocket Info:</u>	OOP amounts accumulate separately for In and Out of Network. Copayments, Coinsurance and Deductibles accumulate towards the OOP max. Family out-of-pocket is a cumulative out-of-pocket for all family members.		
<u>Pre-Certification</u>	Certification for certain types of Out-of-Network care must be obtained to avoid a reduction in benefits paid for that care.		
<u>Coinsurance</u> (Once Deductible is met)	100%	80%	
<u>Physician’s Services</u>			
Primary Physician Office Visit	\$25 copay	80% after deductible	
Specialist Physician Office Visit	\$50 copay	80% after deductible	
<u>Maternity Office Services</u>			
Family Physician	\$25 copay	80% after deductible	
Specialist	\$50 copay	80% after deductible	
Walk-In Center	\$25 copay	80% after deductible	
Physician Svcs at Hospital	100% after plan deductible	80% after deductible	
RAP Provider Svcs at Hospital	100% after plan deductible	80% after deductible	
RAP Provider Svcs at ASC	100% after plan deductible	80% after deductible	

School District of Hendry County
Benefits Match-Up
Exhibit 3a – Plan 1-Aenta MC Plan 1

BENEFIT HIGHLIGHTS	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>Write “Match” or Fill In Differences</u>
<u>Plan Name:</u>	Aetna – MC Plan 1		
Physician Svcs at Locations other than Office Hospital and ER			
Family Physician	100% after plan deductible	80% after deductible	
Specialist	100% after plan deductible	80% after deductible	
<u>Preventive Care</u>			
Well Child	Covered 100% - No Deductible	80% deductible waived	
Primary Physician	Covered 100% - No Deductible	80% after deductible	
Specialist Physician Office Visit	Covered 100% - No Deductible	80% after deductible	
Mammograms	Covered 100% - No Deductible	80% after deductible	
Colonoscopies	Covered 100% - No Deductible	80% after deductible	
<u>Medical / Surgical Care at a Facility</u>			
Ambulatory Surgical Center (ASC)	100% after plan deductible	80% after deductible	
Inpatient Hospital Facility (per admit)	100% after plan deductible	80% after deductible	
Outpatient Hospital Facility (per visit) (Surgical)	100% after plan deductible	80% after deductible	
<u>Urgent Care Center Services</u>			
	\$75 Copay	80% after deductible	
<u>Emergency Services</u>			
Facility (per visit)	\$300 Copay	\$300 Copay	
Physician Svcs at ER	100% after plan deductible	100% after INN plan deductible	
Ambulance	100% after plan deductible	100% after In-Network Deductible	

School District of Hendry County
Benefits Match-Up
Exhibit 3a – Plan 1-Aenta MC Plan 1

BENEFIT HIGHLIGHTS	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>Write “Match” or Fill In Differences</u>
<u>Plan Name:</u>	Aetna – MC Plan 1		
<u>Diagnostic Testing</u>			
Physician Office Family Specialist	100% after plan deductible 100% after plan deductible	80% after deductible	
Independent Clinical Lab	100% after plan deductible	80% after deductible	
Independent Diagnostic Testing Center	100% after plan deductible	80% after deductible	
Outpatient Hospital Facility	100% after plan deductible	80% after deductible	
<u>Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)</u>			
Physician Office Family Specialist	100% after plan deductible 100% after plan deductible	80% after deductible	
Independent Diagnostic Testing Center	100% after plan deductible	80% after deductible	
Outpatient Hospital Facility	100% after plan deductible	80% after deductible	
Outpatient Therapy			
Physician Office Family Specialist	\$25 copay \$25 copay	80% after deductible	
Outpatient Rehab Facility	\$25 copay	80% after deductible	
Outpatient Hospital Facility	\$25 copay	80% after deductible	
<u>Note:</u> Calendar Year Maximums:	20 visits – Manipulative Therapy 20 visits – Physical Therapy 20 visits – Occupational Therapy 20 visits – Speech Therapy 10 Visits – Acupuncture		
<u>Mental Health & Substance Abuse Dependency Services</u>			
Physician Office Family Specialist	100% 100%	80% after deductible	

School District of Hendry County
Benefits Match-Up
Exhibit 3a – Plan 1-Aenta MC Plan 1

BENEFIT HIGHLIGHTS	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>Write “Match” or Fill In Differences</u>
<u>Plan Name:</u>	Aetna – MC Plan 1		
Inpatient Hospital Facility	100% after plan deductible	80% after deductible	
Outpatient Hospital Facility	100%	80% after deductible	
Emergency Room Facility	100%	80% after deductible	
Physician Svcs at Hospital	100% after plan deductible	80% after deductible	
Physician Svcs at ER	100%	80% after deductible	
Physician Svcs at Locations other than Office, Hospital and ER	100%	80% after deductible	
<u>Durable Medical Equipment and Prosthetic Devices</u>			
In-Network Motorized Wheelchairs	100% after deductible	80% after deductible	
All Other	100% after deductible	80% after deductible	
<u>Orthotics & Prosthetics</u>			
Physician Office Family Specialist	100% after deductible	80% after deductible	
<u>Skilled Nursing Facility</u>			
	100% after deductible	80% after deductible	
<u>Note:</u>	Benefits are limited to 60 visits per year.		
<u>Infusion Therapy</u>			
In Home/Physician Office	\$50 copay	80% after deductible	
Outpatient Hosp or Facility	Cost share is based on place of service	Cost share is based on place of service	
<u>Home Health Care</u>			
	100% after deductible	80% after deductible	
<u>Note:</u>	Benefits are limited to 60 visits per year.		

School District of Hendry County
Benefits Match-Up
Exhibit 3a – Plan 1-Aenta MC Plan 1

BENEFIT HIGHLIGHTS	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>Write “Match” or Fill In Differences</u>
<u>Plan Name:</u>	Aetna – MC Plan 1		
<u>Hospice Care</u>			
	100% after deductible	80% after deductible	
<u>Autism Therapies</u>			
	100%	80% after deductible	
<u>PRESCRIPTIONS</u>			
<u>RETAIL – 31 Day Supply</u>	In-Network	Out-of-Network	
Annual Drug Deductible	No deductible		
Tier 1	\$15 copay	\$15 copay	
Tier 2	\$50 copay	\$50 copay	
Tier 3	\$85 copay	\$85 copay	
Specialty Drugs	Limited to a 30-day supply First fill at any retail or specialty pharmacy. Subsequent fills must be through our preferred specialty pharmacy network.		
<u>MAIL ORDER – 90 Day Supply</u>			
Tier 1	\$30 copay	N/A	
Tier 2	\$100 copay	N/A	
Tier 3	\$170 copay	N/A	
<u>RETAIL 90 – 90 Day Supply</u>	In-Network only		
Tier 1	\$45 copay	\$45 copay	
Tier 2	\$150 copay	\$150 copay	
Tier 3	\$255 copay	\$255 copay	

School District of Hendry County
Benefits Match-Up
Exhibit 3a – Plan 1-Aenta MC Plan 1

BENEFIT HIGHLIGHTS	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>	<u>Write “Match” or Fill In Differences</u>
<u>Plan Name:</u>	Aetna – MC Plan 1		
Program Specifics	<ul style="list-style-type: none"> • If a member/physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic and brand price. • A limited list of OTC medications are covered when filled with a prescription. • Oral chemotherapy drugs are covered 100% • Responsible Quantity – Yes • Responsible Steps – Yes • Prior Auth – Yes • Mandatory Generic – Yes • 90 Day Supply at Retail – Yes • Seasonal Vaccinations covered at 100%. • Preventive Vaccinations covered 100%. • Affordable Care Act mandated female contraceptives and preventive medications are covered 100% in-network. 		