

2010 EPISD Medical Plan Highlights Comparison

COVERAGE	OPTIONS			
	Classic 500 In-Network		Standard 1000 In-Network	
Annual Deductible: Individual / Family	\$500/\$1500		\$1000/\$3000	
Physicians Office Visit co-pay:	\$20		\$35	
Co-insurance rate (%)	90/10 after ded		80/20 after ded	
Maximum Out-of-Pocket: Individual / Family	\$1500/\$4500		\$2500/\$7500	
Emergency Room co-pay	\$100		\$100	
Diagnostic Laboratory	100% w/preferred provider		100% w/preferred provider	
Maximum Lifetime Benefit:	\$2,000,000		\$2,000,000	
General Rule of Coverage:	90% of Reasonable and Customary (R&C) cost after co-payment and annual deductible have been met. Then 100% of (R&C) cost after Annual Maximum Out-of-Pocket has been met		80% of Reasonable and Customary (R&C) cost after co-payment and annual deductible have been met. Then 100% of (R&C) cost after Annual Maximum Out-of-Pocket has been met	
	Out-of-Network		Out-of-Network	
Annual Deductible: Individual / Family	\$1000/\$3000		\$2000/\$6000	
Medical Plan covers: 50% of reasonable and customary (R&C) cost after deductible. Annual maximum Out-of-Pocket expenses are unlimited for charges from Out-of-Network providers.				
3-TIER FORMULARY	PRESCRIPTION BENEFITS			
	Classic 500		Standard 1000	
Annual Rx Deductible	\$100 deductible		\$100 deductible	
	Retail Co-pay	Aetna – Mail Order	Retail Co-pay	Aetna – Mail Order
Co-pay Tier/Type of Drug	(30 day supply)	(90 day supply)	(30 day supply)	(90 day supply)
1. Generic	\$5	\$10	\$10	\$20
2. Preferred Brand	\$30	\$60	\$40	\$80
3. Non-Preferred	\$60	\$120	\$65	\$130
Generic: co-pay amounts not subject to \$100 individual annual deductible				
Preferred & Non-Preferred: subject to prescription individual annual deductible of \$100. Co-pay amounts will apply after individual annual deductible has been met.				
Aetna online resources to assist at www.aetna.com , under Related Shortcuts: “Access Your Pharmacy Benefits”-“Price-a-Drug” No prescription benefits for out-of-network pharmacy. Aetna Discounts apply for In-Network Healthcare Providers & Pharmacies Members may use any participating healthcare provider under the <i>Aetna Choice POS II Plan</i>				
MONTHLY PREMIUMS				
Contributions calculated for employees who work 30 hrs or more, and have 24 pay-periods				
	Classic 500		Standard 1000	
Employee Only	\$153.32		\$59.02	
Employee & Spouse	\$585.74		\$388.76	
Employee & Child(ren)	\$399.26		\$224.74	
Employee & Family	\$901.22		\$578.94	
CLASSIC 500 & STANDARD 1000				
<ul style="list-style-type: none"> - Deductibles for medical and Rx visits are separate individual deductibles and do not cross apply. - Co-pays may not be used to satisfy Deductibles, Out of Pocket Maximums or Co-insurance Limits - Out of Pocket Maximums exclude co-pays or any penalty for non-compliance with pre-certification procedures - Some Benefits may have annual or lifetime maximums - \$100 co-pay for emergency room charges - per visit (In-Network and Out-of-Network). All other related services will be processed according to Classic or Standard Option coinsurance levels. 				
HOSPITALS				
El Paso: Providence Memorial, Sierra Medical, Del Sol, Las Palmas, Physicians Hospital, R.E. Thomason, SCCI Hospital				
Las Cruces: Memorial Medical, Mountain View Regional Medical Center				
For current hospital listings go to AETNA DocFind through the EPISD benefits website: www.episdbenefits.org				
*** PLEASE NOTE ***				
On-site Employee Resource Center located at Ed Center Boeing by Planetarium – Phone (915) 887-6790:				
<ul style="list-style-type: none"> • MUST be an EPISD Employee (who works 20hrs or more a week), or a dependent covered under EPISD’s Medical Plan • Both a Driver’s License and the Aetna ID card MUST be presented at time of service • On-site Medical Clinic Staffed by a Nurse Practitioner – Basic Medical Care – No co-payment – Wellness Screenings (cholesterol, glucose, blood pressure, body mass index). 				
The information in this handout merely highlights the EPISD Health Care Trust Medical Plan Document. All Claims will be paid in accordance with the EPISD Medical Plan.				
To access a complete copy of the EPISD Health Care Trust Medical Plan Document visit www.episdbenefits.org then click on Medical Plan.				

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COVERAGE	OPTIONS	
	CDHP 3000	
	In-Network	Out-of-Network
Annual Deductible: Individual / Family	\$3,000/\$6,000	\$6,000/\$12,000
Physicians Office Visit co-pay:	100% after ded	100% after ded
Co-insurance rate (%)	100% after ded	100% after ded
Maximum Out-of-Pocket: Individual / Family	\$3,000/\$6,000	\$6,000/\$12,000
Emergency Room co-pay	100% after deductible	
Diagnostic Laboratory	100% after deductible	
Maximum Lifetime Benefit:	\$2,000,000	\$2,000,000
General Rule of Coverage:	100% of Reasonable and Customary (R&C) cost after Annual Deductible and Annual Maximum Out-of-Pocket have been met	
3-TIER FORMULARY	PRESCRIPTION BENEFITS	
	CDHP 3000	
Rx Benefit	100% after Annual Deductible Met **	
	Retail Co-pay (30 day supply)	Aetna – Mail Order (90 day supply)
Co-pay Tier/Type of Drug		
1. Generic	\$10	\$20
2. Preferred Brand	\$40	\$80
3. Non-Preferred	\$65	\$130
	** Eligible Preventive Care Drugs are not subject to annual deductible; co-pay amount(s) apply	
<p>Aetna online resources to assist at www.aetna.com , under related shortcuts - prescription benefits “Price a Drug” tool No prescription benefits for out-of-network pharmacy. Aetna Discounts apply for In-Network Healthcare Providers & Pharmacies Members may use any participating healthcare provider under the Aetna Choice POS II Plan</p>		
MONTHLY PREMIUMS		
Contributions calculated for employees who work 30 hrs or more, and have 24 pay-periods		
	Standard 1000	
Employee Only	\$0.00	
Employee & Spouse	\$256.98	
Employee & Child(ren)	\$151.46	
Employee & Family	\$444.50	
CDHP 3000		
<ul style="list-style-type: none"> - Co-pays and out-of-pocket amounts apply toward the annual deductible amount - Preventive Care Services are exempt from annual deductible and available after \$35 co-pay then covered at 100% - Laboratory services are subject to annual deductible - Eligible Preventive Care Drugs are subject to co-pay (before meeting the annual deductible) until the maximum out-of-pocket amount is satisfied, and then no additional co-pays are applied for the remainder of the plan year - 100% coverage for emergency room charges – after annual deductible has been met 		
HOSPITALS		
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