



Medical Plans

AISD AETNA 2018 BENEFITS COMPARISONS

BENEFITS	Seton Only	Open Access			HSA Seton
	In-Network Only	Preferred Seton Network	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible Per Member/Per Family	\$1,000/Ind; \$3,000/Family	\$750/Ind; \$2,250 / Family	\$1,750/Ind; \$5,250 / Family	\$2,500/Ind; \$7,500/ Family	\$1,500/Ind; \$3,000/Family
Annual Out-of-Pocket Maximum Per Member/Per Family	\$3,000/Ind; \$9,000/Family	\$4,000/Ind; \$12,000 Family	\$4,000/Ind; \$12,000 Family	\$8,000/Ind; \$24,000 / Family	\$4,500/Ind; \$9,000/Family
Preventive Care	100%; deductible waived	100%; deductible waived	100%; deductible waived	50%; after deductible	100%; deductible waived
Office Visits—PCP	\$35 copay; deductible waived	\$35 copay; deductible waived	\$40 copay; deductible waived	50%; after deductible	20%; after deductible
Office Visits—Specialist	\$50 copay; deductible waived	\$50 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible	20%; after deductible
Inpatient Hospital Services and IP Maternity (including surgery)	20% after \$500 copay; after deductible	10% after \$500 copay; after deductible	30% after \$500 copay; after deductible	50% after \$500 per admit; after deductible	20%; after deductible
Outpatient Hospital Services (including surgery)	20%; after deductible	10%; after deductible	30%; after deductible	50% after deductible	20%; after deductible
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible	20%; after deductible
Emergency Room	\$500 copay; deductible waived	\$500 copay; deductible waived	\$500 copay; deductible waived	\$500 copay; deductible waived	20%; after deductible
Ambulance	20%; after deductible	20%; after deductible	20%; after deductible	20%; after deductible	20%; after deductible
X-Ray / Lab	100% deductible waived	100% deductible waived	100% deductible waived	50%; after deductible	20%; after deductible
Complex Lab/X-Ray (MRI/CTScan/PET/etc)	20%; after deductible	10%; after deductible	30%; after deductible	50%; after deductible	20%; after deductible
Durable Medical Equipment	20%; after deductible	20%; after deductible	30%; after deductible	50% after deductible	20%; after deductible
Mental Health/ Substance Abuse Inpatient	20% after \$500 copay; after deductible	10% after \$500 copay; after deductible	30% after \$500 co-pay; after deductible	50% after \$500 per admit; after deductible	20%; after deductible
Outpatient	\$50 copay; deductible waived	\$50 copay deductible waived	\$60 copay; deductible waived	50%; After deductible	20%; after deductible





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Chiropractic, Physical, Occupational Therapies (Short-Term Rehab) —limited to 35 visits per calendar year (office setting)	\$50 copay; deductible waived	\$50 copay; deductible waived	\$60 copay; deductible waived	40% after deductible	20%; after deductible
Speech Therapy (office setting)	\$50 copay; deductible waived	\$50 copay; deductible waived	\$60 copay; deductible waived	40% after deductible	20%; after deductible
Prescription Drugs	\$50 combined Retail/MOD per calendar year RX deductible; \$150 family combined retail / MOD	\$50 COMBINED RETAIL/MOD PER CALENDAR YEAR RX DEDUCTIBLE; \$150 FAMILY COMBINED RETAIL/MOD PER CALENDAR YEAR RX.			20%; after deductible
<i>Retail (30-day supply)</i>					
Generic	\$10	\$10	\$10	20% after applicable	20%; after deductible
Brand Name Formulary	\$45	\$45	\$45	20% after applicable	20%; after deductible
Brand Name Non-Formulary	\$60	\$60	\$60	20% after applicable	20%; after deductible
Specialty	20% with a minimum of \$75 or maximum of \$150	20% with a minimum of \$75 or maximum of \$150	20% with a minimum of \$75 or maximum of \$150	Not Covered	20%; after deductible
<i>Mail Order (90-day supply)</i>					
Generic	\$25	\$25	\$25	Not Covered	20%; after deductible
Brand Name Formulary	\$112.50	\$112.50	\$112.50	Not Covered	20%; after deductible
Brand Name Non-Formulary	\$150.00	\$150.00	\$150.00	Not Covered	20%; after deductible
** Routine eye exams are covered under all Aetna plans					

