



YISD ISD –TENET ACO PLAN III
Effective Date: 01-01-2022
AWH Open Access ACO Tenet-- ASC

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	Tenet ACO	All Other Aetna
Deductible (per calendar year)	\$1,000 Individual \$3,000 Family	\$2,000 Individual \$6,000 Family
All covered expenses accumulate toward the Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost sharing, for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.		
Member Coinsurance	20%	40%
Applies to all expenses unless otherwise stated.		
Payment Limit (per calendar year)	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family
All covered expenses accumulate toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. Pharmacy expenses apply towards the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.		
Lifetime Maximum	Unlimited except where otherwise indicated.	
Primary Care Physician Selection	Optional	Optional
Certification Requirements -	Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required.	
Referral Requirement	None	None
PREVENTIVE CARE	Tenet ACO	All Other Aetna
Routine Adult Physical Exams/ Immunizations	Covered 100%; no deductible; copay waived	Covered 100%; no deductible; copay waived
1 exam every calendar year, includes hearing screening.		
Routine Well Child Exams/Immunizations	Covered 100%; no deductible; copay waived	Covered 100%; no deductible; copay waived
7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per calendar year thereafter.		
Routine Gynecological Care Exams	Covered 100%; no deductible; copay waived	Covered 100%; no deductible; copay waived
Recommended: One routine GYN exam per year with one pap-smear & related lab fees.		
Routine Mammograms	Covered 100%; no deductible; copay waived	Covered 100%; no deductible; copay waived
No age or frequency limit. Members should follow American Cancer Society guidelines		

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Women's Health	Covered 100%; no deductible, copay waived	Covered 100%; no deductible, copay waived
Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitation: For first 2 visits per 12 months. Applicable PCP/Spec office visit cost share applies thereafter.		
Routine Digital Rectal Exam	Covered 100%; no deductible; copay waived	Covered 100%; no deductible; copay waived
Recommended: No age or frequency limit		
Prostate-specific Antigen Test	Covered 100%; no deductible; copay waived	Covered 100%; no deductible; copay waived
Recommended: No age or frequency limit.		
Colorectal Cancer Screening	Covered 100%; no deductible; copay waived	Covered 100%; no deductible; copay waived
Recommended: For all members age 45 and over.		
Routine Eye Exams	Not covered	Not covered
PHYSICIAN SERVICES	Tenet ACO	All Other Aetna
Office Visits	Covered 100% after \$10 copay	Covered 100% after \$30 copay
Includes services of an internist, general physician, family practitioner, OB/GYN or pediatrician.		
Specialist Office Visits	Covered 100% after \$25 copay	Covered 100% after \$40 copay
Audiometric Hearing Exam	Not Covered	Not Covered
Pre-Natal Maternity	Covered 100%; no deductible copay waived	Covered 100%; no deductible copay waived
Walk-in Clinics	N/A	Covered 100% after \$30 copay
Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services, or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic. No WICs in El Paso at this time.		
Teladoc	\$30 co-pay	
Teladoc gives you 24/7/365 access to doctors virtually via Teladoc website, phone, or app		
Allergy Testing	20% after deductible	40% after deductible
Allergy Injections	20% after deductible	40% after deductible
DIAGNOSTIC PROCEDURES	Tenet ACO	All Other Aetna
Diagnostic X-ray and Laboratory	20% after deductible;	40%; after deductible
100% no deductible and no copay for Quest and LabCorp. If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing		
Diagnostic Complex Imaging	20% after deductible	40%; after deductible



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EMERGENCY MEDICAL CARE	Tenet ACO	All Other Aetna
Urgent Care Provider	Covered 100%; after \$30 copay	40%; after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	20% after deductible; after \$200 ER copay	20% after deductible; after \$200 ER copay
Copay waived if admitted		
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Emergency Use of Ambulance	20% after deductible	20% after deductible
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	Tenet ACO	All Other Aetna
Inpatient Coverage	20%; after deductible; after \$150 copay	40%; after deductible; after \$350 copay
Co-pay waived for subsequent confinements, regardless of cause which are separated by less than 10 days.		
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay; semi-private room rate.		
Inpatient Maternity Coverage (includes delivery and postpartum care)	20%; after deductible; after \$150 copay	40%; after deductible; after \$350 copay
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Outpatient Hospital Expenses	20%; after deductible	40%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Outpatient Surgery - Hospital	20%; after deductible	40%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Outpatient Surgery - Freestanding Facility	20%; after deductible	40%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
MENTAL HEALTH SERVICES	Tenet ACO	All Other Aetna
Inpatient	20%; after deductible; after \$150 copay	40%; after deductible; after \$350 copay
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay; semi-private room rate		
Outpatient	Covered 100%; after \$25 copay	Covered 100%; after \$40 copay
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
ALCOHOL/DRUG ABUSE SERVICES	Tenet ACO	All Other Aetna
Inpatient	20%; after deductible; after \$150 copay	40%; after deductible; after \$350 copay
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Residential Treatment Facility	20%; after deductible; after \$150 copay	40%; after deductible; after \$350 copay



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Outpatient	Covered 100% after \$25 copay	Covered 100% after \$40 copay
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
OTHER SERVICES	Tenet ACO	All Other Aetna
Skilled Nursing Facility Limited to 60 days per calendar year. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	20%; after deductible	40%; after deductible
Home Health Care Limited to 60 visits per calendar year. Home health care services. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	20%; after deductible	40%; after deductible
Hospice Care - Inpatient	20%; after deductible	40%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay; semi-private room rate.		
Hospice Care - Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	20%; after deductible	40%; after deductible
Speech Therapy	20%; after deductible	40%; after deductible
Physical and Occupational Therapy Rehabilitation	20%; after deductible	40%; after deductible
Spinal Manipulation Therapy 25 max visits per year	Covered 100%; after \$25 specialist copay	Covered at 100%; after \$40 specialty copay
Autism Behavioral Therapy	Covered 100%; after \$25 copay; no deductible	Covered 100%; after \$40 copay; no deductible
Autism Applied Behavior Analysis	Covered 100%; after \$25 copay; no deductible	Covered 100%; after \$40 copay; no deductible
Autism Physical Therapy Includes Physical Therapy, Occupational Therapy, and Speech Therapy for the treatment of autism.	20%; after deductible	40%; after deductible
Autism Occupational Therapy Includes Physical Therapy, Occupational Therapy, and Speech Therapy for the treatment of autism.	20%; after deductible	40%; after deductible
Autism Speech Therapy Includes Physical Therapy, Occupational Therapy, and Speech Therapy for the treatment of autism.	20%; after deductible	40%; after deductible
Durable Medical Equipment	20%; after deductible	40%; after deductible
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived	Covered 100%; deductible waived
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered 100%; deductible waived
Vision Eyewear	Not Covered	Not Covered
Transplants	20%; after deductible; after \$150 copay	40%; after deductible; after \$350 copay

Preferred coverage is provided at an IOE contracted facility only. Non-Preferred coverage is provided at a Non-IOE facility.

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Bariatric Surgery \$50,000 Max per lifetime	Covered same as Hospital Inpatient	Covered same as Hospital Inpatient
FAMILY PLANNING	Tenet ACO	All Other Aetna
Infertility Treatment Diagnosis and treatment of the underlying medical condition only.	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Comprehensive Infertility Services Artificial insemination and ovulation induction	Not Covered	Not Covered
Advanced Reproductive Technology (ART) In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	Not Covered	Not Covered
Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Tubal Ligation Includes associated ancillary services	Covered 100%; deductible waived	Covered 100%; deductible waived
PHARMACY	Tenet ACO	All Other Aetna
Pharmacy Plan Type	AETNA STANDARD PLAN A - OPEN FORMULARY	
Generic Drugs		
Retail 30-day supply	\$10 copay	\$10 copay
Mail Order	\$20 copay	\$20 copay
Preferred Brand-Name Drugs		
Retail 30-day supply	\$35 copay	\$35 copay
Mail Order	\$70 copay	\$70 copay
Non-Preferred Brand-Name Drugs		
Retail 30-day supply	\$60 copay	\$60 copay
Mail Order	\$120 copay	\$120 copay
Diabetic Supplies	covers needles and syringes without purchase of insulin	
Specialty Brand	covered at Aetna Specialty Pharmacy	
Choose Generics	not applicable	

GENERAL PROVISIONS

Dependents Eligibility	Spouse, children from birth to age 26 regardless of student status.
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Plans are provided by Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Acupuncture
- Blood and Blood Products
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Eye surgery performed mainly to correct refractive errors
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Foreign claims, excludes non-emergency, non-urgent care received outside the United States
- Blood and Blood Products
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Private duty nursing.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.



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Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

Translation of the material into another language may be available. Please call Member Services at **1-888-982-3862**.

Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862**.

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to **www.aetna.com**.

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