Aetna PPO Steerage

Benefit	In-network	Out-of-network
Service Area	Nationwide	Nationwide
Annual Deductibles	$150	$150
Maximum Annual Out-of-Pocket Costs	$3,500 for certain services	N/A
Combined Maximum Annual Out-of-Pocket Costs	N/A	N/A
Lifetime Maximum	None	None
PCP	$20 copayment	20% coinsurance
Specialist	$20 copayment	20% coinsurance
Chiropractic	$20 copayment	20% coinsurance
Podiatry	$20 copayment	20% coinsurance
Inpatient Hospital	$250 copayment	20% coinsurance
Emergency Room	$80 copayment	$80 copayment
Ambulance	$20 copayment	20% coinsurance
Urgent Care Center	$20 copayment	$20 copayment
Lab & X-Ray	$20 copayment	20% coinsurance
Therapeutic Radiology (treatment of cancer and other diseases with radiation)	$20 copayment	20% coinsurance
Physical Therapy	$20 copayment	20% coinsurance
Occupational Therapy	$20 copayment	20% coinsurance
Immunizations	$0 copayment	$0 copayment
Home Health	$0 copayment	20% coinsurance
Skilled Nursing	$0/day - days 1-10 $75/Day Days 11-100 100 days maximum each benefit year	20% coinsurance
Renal Dialysis	$20 copayment per session	$20 copayment per session
Durable Medical Equipment	20% coinsurance	20% coinsurance
Prosthetic Devices	20% coinsurance	20% coinsurance
Diabetic Supplies	$0 copayment	20% coinsurance
Diabetic - Injectable Insulin (30-day supply)	See prescription drug benefit	See prescription drug benefit
Colorectal Screening	$0 copayment	20% coinsurance
Hospice	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility
Well-Woman Exam	$0 copayment	20% coinsurance
Well-Man Exam	$0 copayment	20% coinsurance
Outpatient Surgery		

Options as of January 2017

	Aetna ESA PPO	
Benefit	**Network and Non-Network**	
Hospital	$250 per stay	20% coinsurance
Ambulatory	$0 copayment	20% coinsurance
Mental Health		
Inpatient	$250 per stay	20% coinsurance
Outpatient	$20 copayment	20% coinsurance
Substance Abuse & Chemical Dependency		
Inpatient	$250 per stay	20% coinsurance
Outpatient	$20 copayment	20% coinsurance
Prescriptions		
Retail		
No Cost Generics	$0 copayment	$0 copayment
Generic (preferred)	$5 copayment	$5 copayment
Non-preferred Generic	$20 copayment	$20 copayment
Preferred Brand	$40 copayment	$40 copayment
Non-Preferred Brand	$75 copayment	$75 copayment
Specialty Drugs	$75 copayment	$75 copayment
Prescriptions filled out-of-network for KelseyCare POS will cost $5 more than in-network. Preferred or network pharmacies are Walmart, Sam's Club, Kelsey-Seybold and H-E-B.		
Mail Order		
No Cost Generics	$0 copayment	$0 copayment
Generic	$10 copayment	$10 copayment
Non-preferred Generic	$40 copayment	$40 copayment
Preferred Brand	$80 copayment	$80 copayment
Non-Preferred Brand	$150 copayment	$150 copayment
Specialty Drugs	$150 copayment	$150 copayment
Medicare Part B Drugs	100% covered with no copayment	
Additional Benefits		
Dental	N/A	N/A
Vision (routine)	Exam $0 copayment Eyewear $70 every 24 months	Exam $0 copayment Eyewear $70 every 24 months
Healthy Lifestyle Coaching (one call per week)	Included	N/A
Hearing (routine)	Exam $0 copayment Hearing Aid $500 every 36 months	Exam $0 copayment Hearing Aid $500 every 36 months
If there exists a conflict between this Comparison Chart and the official plan documents for each plan, the official plan documents will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.		