

# 2019 MEDICAL INSURANCE OPTIONS

The chart below and on the opposite page is a general overview of the SCG medical plan options. For complete details, refer to the appropriate plan documents located online at [scgov.net](http://scgov.net) (keyword benefits). Plan documents may supersede benefits found below.

Benefits and Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network*	In Network	Out of Network*
Health Fund			<b>SCG Contribution:</b> \$500 Individual \$1,000 Family (Contributions are prorated if enrolled after January 1st)	
Annual Deductible	\$600 Individual \$1,200 All Family Tiers	\$1,200 Individual \$2,400 All Family Tiers	\$1,750 Individual \$3,500 All Family Tiers	\$3,500 Individual \$7,000 All Family Tiers
Annual Out-of-Pocket Maximum	\$2,500 Individual \$5,000 All Family Tiers	\$5,000 Individual \$10,000 All Family Tiers	\$3,500 Individual \$7,000 All Family Tiers	\$7,000 Individual \$14,000 All Family Tiers
			<ul style="list-style-type: none"> <li>• Health Fund dollars decrease your out-of-pocket expenses</li> <li>• Prescriptions count toward deductible/ Max Out-of-Pocket</li> </ul>	

\*Members may also be responsible for any additional amounts that were not payable under the plan.

### Preventive Care Covered at 100%

Routine Preventive Screenings	Plan pays 100% based on US Preventive Services Task Force guidelines. (Preventive services do not reduce Health Fund.)
Adult physical	One per year; note that you no longer have to wait 12 months between physicals.
Colonoscopy or sigmoidoscopy	Once every three years.
Dermatology exam	Once every 12 months.
Flu vaccine	Annually
Gynecological exam	Once every 12 months.
Mammogram, screening or diagnostic	Once every 12 months, 35 years or older.
Dexascan	Bone density screening (recommended annually after age 65).
Pediatric physical	Once every 12 months, more frequently for 3 years or younger.
Pneumonia vaccine	Up to two doses as prescribed by your physician.
Shingles vaccine	Once, 50 years or older.
Tetanus	Tdap or TD

## 2019 MEDICAL INSURANCE OPTIONS continued

Benefits and Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network	In Network	Out of Network
<b>Physician Office Visits</b>				
Primary Care Physician	\$25 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Aexcel Specialist	\$35 co-pay	Not available	After deductible, you pay 10%	Not available
Non-Aexcel Specialist	\$50 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Lab/Diagnostic Imaging	\$35 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Enhanced Clinical Review (subject to pre-certification requirements, see glossary under Enhanced Clinical Review).	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Emergency Care</b>				
Urgent Care	\$75 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Emergency Room	\$300 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Hospital Services</b>				
Inpatient Hospital	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient Hospital	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Inpatient Maternity	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Prescription Drugs</b>				
Retail (30-day supply)	<ul style="list-style-type: none"> <li>• \$9 Generic</li> <li>• 20% Formulary Brand (\$35 min/\$70 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$50 min/\$100 max co-pay)</li> </ul>		<ul style="list-style-type: none"> <li>• \$9 Generic</li> <li>• 20% Formulary Brand (\$35 min/\$70 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$50 min/\$100 max co-pay)</li> </ul>	
Mail Order (31-90 day supply)	<ul style="list-style-type: none"> <li>• \$22.50 Generic</li> <li>• 20% Formulary Brand (\$87.50 min/\$175 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$125 min/\$250 max co-pay)</li> </ul>		<ul style="list-style-type: none"> <li>• \$22.50 Generic</li> <li>• 20% Formulary Brand (\$87.50 min/\$175 max co-pay)</li> <li>• 40% Non-Formulary Brand (\$125 min/\$250 max co-pay)</li> </ul>	
<b>Mental Health Services</b>				
Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$35 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%

## 2019 MEDICAL INSURANCE OPTIONS continued

Benefits and Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network	In Network	Out of Network
<b>Alcohol/Drug Abuse Services</b>				
Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$35 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
<b>Other Services</b>				
Convalescent Facility	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Home Health Care (120 visits/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Hospice - Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Hospice - Outpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Speech, Physical, Occupational Therapy	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Spinal Manipulation/Chiropractic (20 visits/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Acupuncture (up to 20 visits/year)	After deductible, you pay 20%		After deductible, you pay 20%	
Durable Medical Equipment	Deductible waived, you pay 20%	After deductible, you pay 40%	Deductible waived, you pay 20%	After deductible, you pay 40%
Allergy Testing	\$40 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Allergy Injections	\$5 co-pay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Ambulatory Services	After deductible, you pay 20%	After deductible, you pay 20%	After deductible, you pay 20%	After deductible, you pay 20%
Hearing Aid Benefit	\$1,500 benefit one time every five years. This benefit is unique to Sarasota County members.			
<b>Family Planning</b>				
Infertility Treatment	Specialist co-pay	Member cost share based on type and place of service	After deductible, you pay 20%	Member cost share based on type and place of service
Comprehensive Infertility Services	Specialist co-pay	Not covered	After deductible, you pay 20%	Not covered
Coverage includes maximum lifetime benefit of \$30,000.				

Remember: If the doctor or medical facilities you visit are not in Aetna's network, you can still receive out-of-network benefits; however, it will cost you more.