



# 2020 AETNA MEDICAL PLANS

THERE ARE NO MEDICAL PLAN CHANGES IN 2020

## AVAILABLE MEDICAL PLANS

### VALUE PLAN

WEEKLY RATES

### BASIC PLAN

WEEKLY RATES

### PLUS PLAN

WEEKLY RATES

COVERAGE	STANDARD	DISCOUNT	STANDARD	DISCOUNT	STANDARD	DISCOUNT
Employee Only	\$29.44	\$22.65	\$41.48	\$31.90	\$55.97	\$43.06
Employee + Spouse	\$102.00	\$78.46	\$120.96	\$93.05	\$160.94	\$123.80
Employee + Child(ren)	\$85.13	\$65.49	\$100.96	\$77.66	\$124.25	\$95.58
Employee + Family	\$105.56	\$81.20	\$125.17	\$96.29	\$168.96	\$129.97
PLAN OVERVIEW	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE						
Individual »	\$5,000	\$8,000	\$2,000	\$6,000	\$1,000	\$3,000
Family »	\$10,000	\$16,000	\$4,000	\$12,000	\$2,000	\$6,000
CO-INSURANCE »	You pay 40% (after deductible)	You pay 50% (after deductible)	You pay 30% (after deductible)	You pay 50% (after deductible)	You pay 20% (after deductible)	You pay 50% (after deductible)
OUT-OF-POCKET MAXIMUM						
Individual »	\$6,550	\$9,000	\$5,400	\$11,000	\$3,000	\$9,000
Family »	\$13,100	\$18,000	\$10,800	\$22,000	\$6,000	\$18,000
OFFICE VISIT»						
Primary Care Physician »	You pay 40% (after deductible)	You pay 50% (after deductible)	You pay 30% (after deductible)	You pay 50% (after deductible)	\$30 copay	You pay 50% (after deductible)
Specialist »	You pay 40% (after deductible)	You pay 50% (after deductible)	You pay 30% (after deductible)	You pay 50% (after deductible)	You pay 20% (after deductible)	You pay 50% (after deductible)
Teladoc »	\$0*	N/A	\$0*	N/A	\$0	N/A
PREVENTIVE CARE »	NO CHARGE	You pay 50% (after deductible)	NO CHARGE	You pay 50% (after deductible)	NO CHARGE	You pay 50% (after deductible)
PRESCRIPTION DRUGS RETAIL (30 DAY SUPPLY)						
Value Drugs Tier1A »	\$3		\$3		\$3	N/A
Generic »					\$10	
Preferred Brand »	You pay 40% (after deductible)	You pay 50% (after deductible)	You pay 30% (after deductible)	You pay 50% (after deductible)	25% (\$30-\$60 max)	
Non Preferred »					35% (\$60-\$120 max)	
Aetna Specialty CareRx					35% (\$150-\$300 max)	
MAIL ORDER (90 DAY SUPPLY)						
Value Drugs Tier1A »	\$6	N/A	\$6	N/A	\$6	N/A
Generic »					\$15	
Preferred Brand »	You pay 40% (after deductible)		You pay 30% (after deductible)		25% (\$60-\$120 max)	
Non Preferred »					35% (\$120-\$240 max)	
Aetna Specialty CareRx					35% (\$150-\$300 max)	

\*If you are enrolled in the Basic or Value high deductible health plans, you will pay the Teladoc charge, and then Alex Lee will automatically reimburse your PayFlex Health Savings Account in the amount of the Teladoc charge, up to the IRS limits, within 45 days.

**Alex Lee Working Spouse Policy:** Working spouses eligible for medical coverage from their own employer are ineligible to enroll in an Alex Lee medical plan. If your spouse is not offered health benefits from their employer, or is not employed, you may enroll your spouse in an Alex Lee medical plan for 2020. If you and your spouse are BOTH employed at an Alex Lee company, you can cover both you and your spouse in an Alex Lee medical plan. All eligible spouses are eligible to enroll in the Alex Lee Benefits Plans for voluntary life, dental, vision, critical illness and accident insurance.

**Preventive Services** are covered at 100%. These services can include well adult, and well child exams, immunizations, pap smears, mammograms, and multiple screenings including colonoscopies.