



School Employees' Health Benefits Program (SEHBP)
AETNA MEDICARE ADVANTAGE GROUP PLANS
SEHBP MEDICAL PLAN DESIGN — 2020

AETNA PLANS				
	Medicare Advantage PPO ESA 10 (Freedom 10)	Medicare Advantage PPO ESA 15 (Freedom 15)	Medicare Advantage Open Access HMO (HMO)	Medicare Advantage Open Access HMO 1525 (HMO 1525)
Medical Cost Sharing				
Primary Care Copayment	\$10	\$15	\$10	\$15
Specialist Care Copayment	\$10	\$15	\$10	\$25
Emergency Room Copayment	\$25	\$50	\$35	\$65
In-Network Deductible (Individual/Family)				
In-Network Coinsurance Maximum (Individual/Family)				
In-Network Out-of-Pocket Maximum	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person
Out-of-Network Deductible (Individual/Family)			Not Covered	Not Covered
Out-of-Network Out-of-Pocket Maximum	\$400 per person; Combined In- and Out-of-Network	\$1,000 per person; Combined In- and Out-of-Network	Not Covered	Not Covered
Prescription Drug Copayments				
Retail: Generic Copayments	\$10.00	\$10.00	\$6.00	\$7.00
Retail: Preferred Brand Copayments	\$21.00	\$21.00	\$13.00	\$17.00
Retail: Non-Preferred Brand Copayments	\$42.00	\$42.00	\$26.00	\$36.00
Mail: Generic Copayments	\$5.00	\$5.00	\$5.00	\$5.00
Mail: Preferred Brand Copayments	\$31.00	\$31.00	\$19.00	\$41.00
Mail: Non-Preferred Brand Copayments	\$52.00	\$52.00	\$31.00	\$91.00
Prescription Drug Annual Out-of-Pocket Maximum (Individual/Family)	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822

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