



Beech Street

NAP

AGMA HEALTH FUND
RETAIL RX 20% 25% 37.5%

Choice POS II

SELF FUNDED COVERAGE

PCP	\$30.00
SPC	\$50.00
HO	20%
ER	20%
UC	20%

TALK TO A DOCTOR 24/7: 1-855-TELADOC OR TELADOC.COM/AETNA.
See your plan documents for all plan requirements, including
precertification. In an emergency, seek care immediately or
call 911. This card does not guarantee coverage.

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	\$ 1700	\$ 3400
INN OOP MAX	\$ 3000	\$ 6000
OON DED	\$ 3000	\$ 6000
OON OOP MAX	\$ 6000	\$12000

MEMBER SERVICES	1-866-658-2455
PROVIDERS CALL/PREPERT	1-888-632-3862
MENTAL/BEHAVIORAL HEALTH	1-800-424-4047
RX MEMBER SERVICES	1-888-792-3862

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106