



Beech³Street

NAP

AGMA HEALTH FUND
RETAIL RX 15% 25% 37.5%

Choice POS II

SELF FUNDED COVERAGE

PCP	\$	30.00
SPC	\$	50.00
HO	\$	300.00
ER	\$	150.00
UC	\$	75.00

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	N/A	N/A
INN OOP MAX	\$ 3000	\$ 6000
OON DED	\$ 4000	\$ 8000
OON OOP MAX	\$ 8000	\$16000

MEMBER SERVICES	1-866-658-2455
PROVIDERS CALL/PRECERT	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