

	Aetna Gold OAEPO 1000 90% ID: 14025420 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 80% ID: 14025424 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 60% ID: 14025423 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14025426 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		20%		40%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Specialist	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		40% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		40% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	10% after ded		Lab-\$70 ded waived; X-ray-20% after ded		Lab-\$50 ded waived; X-ray- 40% after ded		Lab-\$75 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	\$150 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$600.89		1 x \$512.66		1 x \$523.06		1 x \$497.46	
EE with Spouse	0 x \$1,201.79		0 x \$1,025.31		0 x \$1,046.13		0 x \$994.91	
EE with Child(ren)	0 x \$1,021.52		0 x \$871.52		0 x \$889.21		0 x \$845.68	
Family	1 x \$1,712.55		1 x \$1,461.07		1 x \$1,490.73		1 x \$1,417.75	
Monthly Cost	2 \$2,313.44		2 \$1,973.73		2 \$2,013.79		2 \$1,915.21	
Annual Cost	\$27,761.28		\$23,684.76		\$24,165.48		\$22,982.52	

	Aetna Silver OAEPO 2000 90% HSA PY ID: 14025425 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 5000 60% ID: 14025416 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3000 100% HSA PY ID: 14025411 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 60% HSA PY ID: 14025413 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/55/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000 non-embedded		\$5,000/\$10,000 embedded		\$3,000/\$6,000 non-embedded		\$3,500/\$7,000 non-embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,250/\$12,500 (incl ded)	
Co-Insurance	10%		40%		0%		40%	
Office Visits								
Primary Care	10% after ded		\$50 ded waived		\$50 after ded		40% after ded	
Specialist	10% after ded		40% after ded		\$75 after ded		40% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
Mental Health Inpatient	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	10% after ded		40% after ded		\$75 after ded		40% after ded	
Mental Health Outpatient	10% after ded		40% ded waived		\$75 after ded		40% after ded	
Emergency Care								
Emergency Room	10% (waived if admitted) after ded		40% after ded		\$200 (waived if admitted) after ded		40% after ded	
Urgent Care	10% after ded		40% after ded		\$75 after ded		40% after ded	
Single	1 x \$504.21		1 x \$435.49		1 x \$434.97		1 x \$430.56	
EE with Spouse	0 x \$1,008.42		0 x \$870.99		0 x \$869.95		0 x \$861.12	
EE with Child(ren)	0 x \$857.15		0 x \$740.34		0 x \$739.45		0 x \$731.95	
Family	1 x \$1,436.99		1 x \$1,241.16		1 x \$1,239.67		1 x \$1,227.09	
Monthly Cost	2 \$1,941.20		2 \$1,676.65		2 \$1,674.64		2 \$1,657.65	
Annual Cost	\$23,294.40		\$20,119.80		\$20,095.68		\$19,891.80	

	Aetna Bronze OAEPO 4000 80% ID: 14025414 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 5000 100% HSA PY ID: 14025415 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 50% ID: 14025412 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed	
Cost Share Information						
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$5,000/\$10,000 non-embedded		\$3,500/\$7,000 embedded	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	20%		0%		50%	
Office Visits						
Primary Care	\$25 after ded		0% after ded		50% after ded	
Specialist	20% after ded		0% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	20% after ded		0% after ded		50% after ded	
Mental Health Inpatient	20% after ded		0% after ded		50% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	20% after ded		0% after ded		50% after ded	
Mental Health Outpatient	20% after ded		0% after ded		50% after ded	
Emergency Care						
Emergency Room	20% after ded		0% after ded		50% after ded	
Urgent Care	20% after ded		0% after ded		50% after ded	
Single	1 x \$426.72		1 x \$425.16		1 x \$422.26	
EE with Spouse	0 x \$853.44		0 x \$850.32		0 x \$844.51	
EE with Child(ren)	0 x \$725.42		0 x \$722.77		0 x \$717.84	
Family	1 x \$1,216.15		1 x \$1,211.70		1 x \$1,203.43	
Monthly Cost	2 \$1,642.87		2 \$1,636.86		2 \$1,625.69	
Annual Cost	\$19,714.44		\$19,642.32		\$19,508.28	