

	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 \$561.63		1 x \$479.16		1 x \$488.89		1 x \$464.95	
EE with Spouse	0 x \$1,123.26		0 x \$958.32		0 x \$977.77		0 x \$929.90	
EE with Child(ren)	0 x \$954.77		0 x \$814.57		0 x \$831.11		0 x \$790.42	
Family	1 x \$1,600.65		1 x \$1,365.60		1 x \$1,393.33		1 x \$1,325.11	
Monthly Cost	2 \$2,162.28		2 \$1,844.76		2 \$1,882.22		2 \$1,790.06	
Annual Cost	\$25,947.36		\$22,137.12		\$22,586.64		\$21,480.72	

	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		10/50/50%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 \$471.26		1 x \$407.04		1 x \$406.55		1 x \$402.42	
EE with Spouse	0 x \$942.52		0 x \$814.08		0 x \$813.10		0 x \$804.85	
EE with Child(ren)	0 x \$801.15		0 x \$691.97		0 x \$691.14		0 x \$684.12	
Family	1 x \$1,343.10		1 x \$1,160.06		1 x \$1,158.67		1 x \$1,146.91	
Monthly Cost	2 \$1,814.36		2 \$1,567.10		2 \$1,565.22		2 \$1,549.33	
Annual Cost	\$21,772.32		\$18,805.20		\$18,782.64		\$18,591.96	

	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 \$398.84		1 x \$397.38		1 x \$394.67	
EE with Spouse	0 x \$797.67		0 x \$794.76		0 x \$789.33	
EE with Child(ren)	0 x \$678.02		0 x \$675.54		0 x \$670.93	
Family	1 x \$1,136.68		1 x \$1,132.53		1 x \$1,124.80	
Monthly Cost	2 \$1,535.52		2 \$1,529.91		2 \$1,519.47	
Annual Cost	\$18,426.24		\$18,358.92		\$18,233.64	